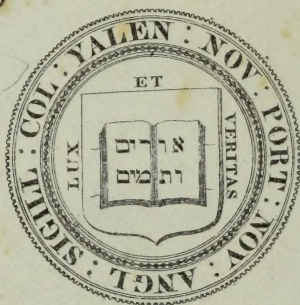


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No. 1.

STATISTICS OF CONSUMPTION IN ROXBURY.

[Concluded from page 496, vol. 50.]

XVIII.—“*What is the effect of cod-liver oil?*”

Nothing is more difficult than to form a just estimate of the real value of any given medical agent—a truism which it would be hazardous to repeat, did not medical teachers constantly promulgate, and medical journals (domestic and foreign) daily teem with scores of cases “cured” by favorite drugs; cases, too, wherein so many means have been resorted to, so many medicines administered, that, were it not for the general heading under which the alleged triumphant result is announced, it would be difficult if not impossible for an impartial examiner to indicate which of the articles used was supposed to be the actual restorative, or to have specially conduced to the recovery. Doubtless there are many phenomena, noticed by the attentive observer at the bed-side, indicative of the good or other effects of the medicines used, which cannot be made to appear in the spoken or the written word; still it is but too evident that in a very large proportion of such reported cases, a single element, and that perhaps an unimportant one, has been allowed to reap the entire credit of the successful issue. The history of the rise and fall in public and professional estimation of many of the drugs enumerated in our catalogues, would form an interesting subject for a chapter, were that our purpose. Suffice it to say, that neither the number and weight of the names in approbation, nor the alleged remedial or even chemical antagonism to the disease in question, nor an array of minutely-described and well-certified cases in attestation, have been able to prevent the drugs of one day and generation from falling into discredit and disuse in another, and perhaps within the next lustrum.

When, after many years of oblivion as a medical agent, the cod-liver oil, which had been used to the extent of nearly a hogshead a year in one of the provincial hospitals, was again, in 1840, brought to the notice of the English faculty by a translation of Dr. Tauffield’s wonderful cases, the translator added that “it is difficult to procure the oil in England”! The same journals which announced these cases to the American public, also brought assurances from high authorities that consumption, in its incipient and even in its later stages when cavities already existed, could be cured by inhalations of conium and iodine; could be prevented by the eating of ferruginous bread; could be averted by

malarious atmospheres; "a perfect recovery made at the end of a few months, after the disease had gone so far that there was distinct cavernous rattle with pectoriloquy, muco-purulent and purulent expectoration streaked with blood, great emaciation, hectic fever, &c.; chloride of sodium having been given uninterruptedly for sixty days;" and I know not how many other similar statements. At the time alluded to, and for a few years subsequently, it was not a difficult thing to obtain *pure* cod-liver oil in this neighborhood, but it was very difficult indeed to persuade patients to swallow the nauseous draught. We had faithfully tried to administer the article in the hope of obtaining in some humble measure the success of Dr. Taufflied, but had nearly abandoned the attempt in despair, when the "mighty engine of the press," guided by the enterprise of dealers, began to arouse the people to a livelier sense of the affirmed virtues of the *oleum jecoris aselli*. Thick as autumnal leaves, by the wayside and on the threshold, fell the indubitable testimonials. Soon a whole army of invalids sought relief by consuming vast quantities of the promulgated remedy; and before long it became quite as difficult to administer it rationally, or to prevent its being taken at all hazards, as it had previously been to induce patients to take it at all. Whether as great sales continue to be made as heretofore, it is not in our power to say; but the quantity taken in this vicinity is apparently much lessened, and still on the decrease.

If we now have recourse to the records of the four years we have previously been considering, they afford us no definite conclusions on this question; and it is with much diffidence that we advance our own individual experience. Of the fifty-two of these cases which came under our own observation and treatment, not one can now be cited in which cod-liver oil was not taken at some period of the disease. In many instances it was taken at the patient's own option, or by the advice of friends, before any professional opinion was sought for. The amount taken ranged from a few ounces, to gallons; and the time of its continuance, from a few days, to many months. All manner of experiences were ascribed to the effects of the oil by the patients themselves, and an impartial discrimination was often very difficult. The oils used were the best that could be obtained, and generally taken unmixed. In some instances phosphate of lime was added, or other substances to render the draught more palatable. A very few patients had no objection to its use, or became indifferent to it; but to most it was from the first unpleasant in any form, and became, after a while, intolerably disgusting.

In some cases it seemed to be assimilated, and to furnish a deposit of fat and corporeal volume, greatly to the encouragement of the patient; but in the larger portion it deranged the digestive organs, created nausea and impaired the appetite. A few seemed to thrive under its administration; but an exploration of the lungs showed that the amendment was only apparent and partial. In this respect it did not differ from other articles employed in the course of the disease, nor were the changes different from such as sometimes spontaneously occur in patients who abstain from all drugs. So far as a truly impartial endeavor could discern, its only useful purpose was as an article of food in the

few cases where any benefit seemed to be clearly derived from it. In no single instance could an absolute arrest of the disease, for even a limited time, be unmistakably attributed to the effects of the oil. Nor can we now, among the numbers of the living who are known to have consumed quantities of the oil, point out a solitary case of undoubted tuberculosis "cured" by the use of it. Moreover, a strong argument for its uselessness as a remedy to prevent the development of consumption may be found in the fact that the ratio of deaths from that disease to the whole number from all causes among us, where more oil has been taken than perhaps in any other locality, has increased during the period of the greatest devouring of the oil, from 1 in 6.289 to 1 in 5.264.

In concluding our remarks on this question, we cannot forbear quoting the language of a well-known authority, published some years since on the alleged efficacy in consumption of another much-vaunted drug. With the single exception in the last sentence of the imputation which we would unequivocally disclaim, we could hardly imagine fitter words for the article now under consideration. It is merely necessary to change the name of the medicine there spoken of to cod-liver oil, and the application is complete ;

*Mutato nomine, de te
Fabula narratur.*

"We may be allowed to state, that in common with many others we have endeavored to form an independent opinion of the merits of *cod-liver oil*, and, moreover, have been at some pains to obtain *the* cod-liver oil. The result of a very considerable number of trials, is this—that in advanced cases of phthisis it has not the slightest effect in retarding the progress of the disease, or even in mitigating any of the symptoms. In some few instances, it appears to impart a fictitious feeling of improvement for the first few days, in this respect operating as a simple stimulant ; but in the majority it is borne with difficulty, exciting nausea, vomiting, or a feeling of gastrodynia. In some cases of incipient phthisis we at first were inclined to anticipate benefit, but the lapse of a few weeks or months invariably dissipated our hopes. In cases of chronic bronchitis, and in catarrhs of relaxed habits, in which stimulant expectorants might be expected to be beneficial, it has certain advantages, and these we are constrained to believe are the forms of disease which have been either ignorantly or designedly called phthisis in many of the reputed cures of that malady."

ADDENDA.*

The examination of the statistics of consumption in Roxbury naturally led to a comparison of that city with other places, more or less remote, whose bills of mortality were readily accessible.

Taking three years for which there are full official returns, we have compiled the following table:—

* From a paper read before the Boston Society for Medical Improvement, by B. E. COTTING, M.D., Associate Member of the Society.

Deaths for three years—1850, '51 and '52.

Place.	Whole Numbers.	From Consumption.	Proportion.
Boston,	11,258	1,936	1 in 5.809
Roxbury,	1,105	206	1 in 5.364
Norfolk County,	3,908	812	1 in 4.859
do. without Roxbury,	2,803	606	1 in 4.625
State of Mass.	55,361	11,664	1 in 4.823
do. without Boston,	44,103	9,728	1 in 4.533

This table shows that in Boston, as compared with Roxbury, during these three years, there was a slight excess in the proportion of deaths from consumption to the deaths from all causes ; while in Roxbury during the same period there has been a decided improvement shown in a similar comparison with Norfolk County, and the State, either taken as a whole or after deducting the city of Boston.

Whether these facts ought to modify in any degree the general notion that the sea-board, with its execrated east winds, has a greater tendency to produce consumption than the interior country, we leave to others to decide.

While Boston has thus enjoyed a greater proportionate freedom from deaths from consumption than its rural suburbs, or the rest of the State, the deaths from consumption within its own limits have latterly considerably increased.

For the period of ten years, from 1830 to 1840, the proportion of deaths from consumption in Boston was less than for any similar period before or since, being 1 in 7.587. A comparison of Boston with New York and Philadelphia, cities farther south, was also favorable to Boston. In Philadelphia and New York, the proportions for the same period were severally 1 in 5.952 and one in 7.482.

The following tables were constructed from official documents, for the purpose of showing the increase in Boston and Roxbury ; and for a comparison of these cities with other cities and places generally supposed to enjoy a much greater exemption from consumption.

Deaths in Roxbury, Mass.

Years.	Whole Number.	From Consumption.	Proportion.
May. Jan. 1846—1850	1,478	235	1 in 6.289
Jan. Jan. 1850—1854	1,353	257	1 in 5.264

Deaths in Boston, Mass.

Years.	Whole Number.	From Consumption.	Proportion.
1810—1820	8,741	1,896	1 in 4.622
1820—1830	12,379	2,046	1 in 6.050
1830—1840	17,406	2,396	1 in 7.587
1840—1850	30,717	4,381	1 in 7.011
Jan. Jan. 1850—1854	11,875	2,089	1 in 5.684

Deaths in New York City.

Years.	Whole Number.	From Consumption.	Proportion.
1810—1820	27,080	6,061	1 in 4.451
1820—1830	45,552	8,010	1 in 5.686
1830—1840	79,853	13,415	1 in 5.952
1840—1850	130,618	16,896	1 in 7.730
Jan. Jan. 1850—1854	66,327	7,600	1 in 8.727

Deaths in Philadelphia, Pa.

Years.	Whole Number.	From Consumption.	Proportion.
1810—1820	23,582	3,629	1 in 6.498
1820—1830	37,114	5,522	1 in 6.721
1830—1840	52,900	7,070	1 in 7.482
1840—1850	68,386	9,463	1 in 7.226
Jan. Jan. 1850—1854	27,196*	3,309*	1 in 8.220

* Trans. Col. Phys., Phil., 1854.

Deaths in Washington, D. C.

Years.	Whole Number.	From Consumption.	Proportion.
1849—1850	828	94	1 in 8.810
1850—1851	866	110	1 in 7.872
1851—1852	914	121	1 in 7.553
1852—1853	1,003	110	1 in 9.118
1853—1854	1,115	145	1 in 7.682
1849—1854	4,726	580	1 in 8.148

Deaths in Charleston, S. C.

Years.	Whole Number.	From Consumption.	Proportion.
1830—1840	7,663	968	1 in 7.916
1840—1850	6,645	963	1 in 6.645
1851	922	120	1 in 7.683

Deaths in the State of Kentucky.

Years.	Whole Number.	From Consumption.	Proportion.
1852	10,411	957	1 in 10.878

Deaths in Memphis, Tenn.

Years.	Whole Number.	From Consumption.	Proportion.
1852	594	57	1 in 10.421
1853	376	49	1 in 7.673

Deaths in New Orleans, La.

Years.	Whole Number.	From Consumption.	Proportion.
1850-51	8,086	681	1 in 11.663

These tables show that, for the periods last mentioned therein, the proportion of deaths from consumption to the deaths from all causes has increased in Roxbury and Boston, and that New York has steadily improved in this respect; from having the greatest proportion, 1 in 4.451 during the period from 1810 to 1820, it had from 1851 to 1854 only 1 in 8.727.

It is evident, also, that Philadelphia, Charleston, and other southern and western places, have had, for certain periods, a larger proportion of deaths from consumption, than even Boston or Roxbury. If, however, we take several years together, especially if they include some in which peculiar epidemics of these sections may have prevailed to swell the "grand total" of deaths, the average proportion is less than for the northern cities. If a ratio prevails between these cities and the country around them similar to that which exists between Boston and its vicinity, any one may judge of the expediency of removing thither to avert or to arrest consumption.

The amount of consumption exhibited in these tables for Philadelphia, Washington, Charleston, Kentucky, Memphis and New Orleans, may surprise some who have been led to consider these and similar locations as almost exempt from that disease. What becomes of the frequent boast that no consumption exists there except in those from the North who sought relief, or went to die, in such more favored climes! especially when in many of these places a very large proportion of the deaths occur in that season of the year when, if our northern people do not fly from the South, they certainly never visit it for health.

The tables also show that the amount of consumption is constantly varying—being affected by causes yet undiscovered, and perhaps undiscoverable. If while the disease is on the decrease for a few years, we ascribe this result to the especial efficacy of any peculiar sanitary measures, or the general use of any drug, a few years more will very probably show the folly of such conclusions. Since reading our paper before the Norfolk Society, we have seen an attempt to prove that a supposed recent decrease of consumption in Philadelphia was due to the use in that city of the cod-liver oil. By a singular coincidence, we had in that essay made use of the increase of the disease in this neighborhood as an argument to show the uselessness of that agent. We see no cause as yet to change our argument or opinion. According to tables published in Philadelphia, ten years ago the proportion of deaths from consumption there was less than that of the last year. Six and seven years ago the proportion was less than for the last two years. And the actual number of deaths from this cause has increased quite uniformly for the last forty years—the last year having the largest number. The disease has been on the increase in Boston during the great employment of the oil.

There was a decrease from 1830 to 1840, before its introduction. Therefore if there has been a similar improvement recently in any other city, it cannot of course follow that such is the consequence of the use of cod-liver oil. If there has been no improvement, the article has been useless.

Statistics could be adduced without great difficulty to show that consumption is more generally distributed over every country and climate than has been, and perhaps is now, generally believed. It is not our purpose, however, at the present time to enter upon the discussion of this topic. Our remarks have already extended too far, and should be brought to a close.

We are aware that to draw general conclusions from observations over limited portions of space and time, as well as from other partial premises, is a very common error. We shall therefore only venture to express the opinion that the causes of consumption are infinitely various, that the disease may arise wherever any vice exists in the individual system, originating from ancestry, external circumstances, or infernal derangements—from any cause, in short, which depresses the system below a natural, healthy or normal standard, despite of, or in conjunction with, the influences emanating from the locality. The peculiar condition of the soil beneath, of the air above, the prevalence of vapors, or the absence of them, may seem at one time greatly to influence the disease; but in another and different period they appear to have no effect whatever upon it. No place which is now exempt, or for a few years past has been comparatively free from this disease, can boast of its exemption with any certainty that the boast, even as it passes the lips, may not prove empty and in vain.

In the present state of our knowledge, consumption appears to be a method designed to remove those whose mortal bodies have, from whatever cause, fallen below the normal condition: and, as such, however much it may be ameliorated, is not likely ever to be extinguished while the same nature is continued to the human race.

* LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER XIII.

§ VI. TREATMENT.—The treatment was the same as in the preceding forms. The sound was passed from 2 to 21 times, without ever bringing about, by itself, a permanent cure. I had taken care latterly, on withdrawing the sound, after having inclined the body of the womb as far forwards as possible, to push back the cervix, in order to maintain the organ in the situation which I had given it, and even to exaggerate its inclination forwards.

The uterus once prepared by the introduction of the sound, the intra-uterine pessary was introduced. 14 times made use of the instrument

* In No. xxi. vol. 50, page 415, for "produced" read "presented;" and on page 417, for the expression "to go to the water-closet," substitute "at evacuating the bowels."—TRANSLATOR.

à flexion fixe, and found difficulties in introducing it, which were not met with in the 5 cases in which I employed the jointed intra-uterine pessary. In 3 cases a single application sufficed; in 3 others two were required; in one, 4; and in one, 5. Of the 2 other patients who are still under treatment, one has already had the instrument applied several times, while the other has not made use of it at all.

The instrument remained applied from 2 to 14 days. Ordinarily it was taken away upon the appearance of the menses, which were five times more abundant than usual. In the same number of cases there were pains the day following its application. Moderate pains always manifested themselves a little while before we thought proper to withdraw it. Never was hæmorrhage or inflammation of the uterus or of the neighboring organs produced by the sojourn of the instrument.

In 6 cases we had recourse to no accessory measure. Three times we employed simultaneously iron and cold lotions; once iron alone; and once the sulphate of quinine (attacks of intermittent fever having taken place).

The symptoms which succeeded this treatment were 4 times a slight anemia promptly removed; once an attack of intercostal and lumbo-abdominal neuralgia; and in one other case there occurred those extremely severe and obstinate pains of which I have already spoken to you, and which existed before the commencement of the treatment in that same woman who underwent attacks of intermittent fever.

The previous treatment consisted in emollient remedies, or antiphlogistics; bleeding, leeches, diet, warm baths, and rest, which did not prevent the increase of the malady. The tonic regimen advised in some cases, procured a slight degree of alleviation. In one case a succession of blisters caused the pains to disappear. In the last case we have to cite in reference to the anterior treatment, a pessary *en pelle* had been employed which had effected nothing, and during the stay of which the pains were excessive.

I have never seen a relapse after a complete and well-ascertained replacement. In the sole case in which a return of the disease occurred, the uterus, as you will see in the following report of the case, had not been completely replaced.

CASE XIV.—M^{me} R., aged 32, of a sufficiently good constitution, of a lymphatico-sanguine temperament—commenced menstruating at 14 years, is married at 23, and is delivered of a daughter at 24, without the supervention of any particular symptoms. A second delivery takes place at 29 years, the labor being natural, five hours and a half in duration, and resulting in the birth of a male child of large size. The patient commits no imprudence, not rising until the ninth day, but in the course of a short time, at an epoch impossible for me to determine in a precise manner, she commences to perceive that she is easily fatigued in walking. She experiences a fixed pain toward the sacrum, wandering pains extend into the abdomen, and sometimes towards the lower limbs. There is constipation. These symptoms become gradually more violent, there being superadded to them, difficulty in digestion, some degree of emaciation, pallor, and languor. She is forced to wean her infant at the age of

six months. Finally, the symptoms increase to such a degree that M^{me} R. can no longer leave her chamber. She is scarcely able to rise from her bed, and walks a few steps only by supporting herself on the back of a chair which she pushes before her.

The menses are notably diminished, their commencement being difficult and painful. There is no leucorrhœa, nor frequent emission of urine. The treatment consisted in rest (which indeed the patient was forced to observe, from the impossibility of moving), to which were added baths and slight tonics without any relief being obtained.

I see the patient the 2d of July, 1850. There exists a complete retroversion with notable congestion of the uterus, but without other alteration. The sensibility of the organ is inconsiderable, and it is easily replaced by means of the sound. As I am compelled to leave Paris the next day, I undertake no treatment, and on my return, the 16th of July, finding things in the same state, I apply immediately an intra-uterine pessary *à flexion fixe*. The instrument is introduced with facility, and is well borne for seven days. The patient immediately improves. She can walk with the instrument applied, and that for quite a long distance. Since she goes on foot from the Champ de Mars to the pont de la Concorde to take a cold bath. The pessary having been taken away at the time of the menses, the uterus is found perceptibly raised from its faulty position, but still a little inclined backwards. A new application of the intra-uterine pessary is made the 1st of August, but in the night of the 2d or the 3d, the two pieces of the apparatus—which were not maintained in connection with each other by any contrivance—became separated. I replaced them the next day, but they separated anew the 4th, and I remove the instrument. The 6th I apply it anew, taking care to bind the two pieces together by means of a waxed thread fastened near the uterine stem, and having two ends which are brought forward to be tied near the plastron. It remains then in place until the 15th. The menses setting in, it is taken away and the uterus is found no longer inclined backwards. The organ, however, is not in its normal direction, otherwise it would be inclined a little forwards, and in Madam R. the direction of its axis was at this epoch vertical. Nevertheless, during the space of nearly a year, that it maintained itself in this situation, the symptoms of the retroversion were absent. This lady was able to walk for two or even three hours without being more fatigued than other people; and all the functions were well performed except for a slight temporary gastralgia in the month of March, 1851, with quite a notable diminution of the menses at the same epoch, and in the month of June, of the same year, a slight hæmoptysis which occurred during a difficult menstrual period.

In the month of July, 1851, without there having been any very evident cause, other than a certain degree of exertion in coughing, some of the symptoms described above re-appeared. I then find the uterus increased in bulk and slightly inclined backwards. The 7th, a third application of the intra-uterine pessary, which is retained nine days. The menses, abundant in quantity, compel its removal. Immediately after their cessation, the uterus on being explored is found perfectly in place, with the slight forward inclination which is natural to it.

At the end of September there occurred an attack of hæmoptysis, slighter still than the preceding, and coinciding with retarded and diminished menses. An application of leeches, the bites of which bled to excess, causes a slight anemia. But the cure of the retroversion is not the less effectual, as I ascertained on the 13th, and afterwards on the 18th of October, fifteen months after the commencement of the treatment.

The patient left Paris. But I received on the 22d of November a letter which attests the permanence of this cure, and announces that the fatigues of the voyage from Paris to Lyons did not compromise it.

The treatment, beside the use of the intra-uterine pessary, consisted only in a few cold baths, replaced in winter by cold lotions. Use was made of the carbonate of iron, at the epoch when the menses became difficult and scanty; of sedatives, astringents and leeches on one occasion when deficiency of the menstrual flow coincided with slight hæmoptysis.

This patient presents to us a case of simple retroversion, so evident, and uniting so well all the symptoms belonging to this disease, that the case may in some sort be regarded as one of the best types of this form of displacement. The cause should evidently be sought in the parturition, although we do not know exactly how long after this the disease set in.

The uterus, although engorged, possessed so little sensibility, that after only two introductions of the bougie we were able to apply the intra-uterine pessary. The immediate effect of the application of the latter instrument was most remarkable, since the patient was able to walk about her chamber without experiencing as much suffering as before, and, the second day after, to take a long walk. Applied on four different occasions, and twice during nine days consecutively, the stem-pessary never caused the slightest unfavorable symptom. The last time it was taken away at the moment of the supervention of those pains and that slight feeling of tension in the abdomen which announce to me that its sojourn has been sufficiently prolonged. By these signs I recognize that it has produced all the action desirable; and if in spite of their appearance it had been maintained in place, inflammation of the uterus might have been the result.

After the third application, the axis of the uterus being vertical, the organ had not resumed the oblique direction from above downwards, and from before backwards, which belongs to it.

I do not think that you will dream of attributing the honor of this cure to the accessory measures which were employed, if you recollect the immediate, the instantaneous action of the intra-uterine pessary on its first application.

As to the attacks of hæmoptysis, they are of but secondary importance to us, and I will say but a single word in reference to them. The absence of physical signs on auscultation and percussion and the present excellent condition of the patient who is recovering her health, together with her *embonpoint*, lead us to reject the idea of a commencement of tubercularization; and the coincidence of this hæmorrhage with difficult and scanty menstruation induces us to regard it as an essential (*essentielle*)

hæmorrhage, and one supplementary of the menses. I advance this opinion, meanwhile, but with the greatest reservation, for the most exact researches upon phthisis have apprised us that often, in spite of a conjunction of circumstances in appearance thus favorable, such attacks of hæmoptysis are due to the presence of tubercles in the lungs.

If, now, we return to the history of the treatment of retroversion in general, we find that always, after the cure, *the uterus remained low* as we found it before the treatment. But this depression was without inconvenience, since it occasioned no symptom. Later, the organ became lighter and ascended in the pelvis.

The duration of the treatment was from fifteen days to four months and a half. This last limit was attained but once, and that in an exceptional case. The average duration was forty days.

The cure dates back, in 1 case, two years; in 1, nineteen months; in 1, eighteen months; in 1, fifteen months; in 1, nine months; in 1, three months and a half. In the case in which the pains still persist, and which, on that account, I do not count among the cures, the replacement is of seven months date. You see, then, that with the exception of the last case, the cure of which dates back three months and a half only, a sufficiently long time has elapsed in all the cases to authorize us to regard it as radical and definitive.

RETROFLEXION.*

§ 1. *Definition ; forms.*—Retroflexion is a displacement in which the body of the uterus, inclined backwards and downwards, forms with the cervix an angle with its sinus directed posteriorly and inferiorly.

In the same way as for antelexion, *three forms* of retroflexion may be admitted. *In the first*, the cervix is not diverted from its normal direction, the body of the uterus being simply folded upon itself, in such a manner that its fundus makes a prominence behind the cervix: *in the second*, which is the most common form, the cervix of the uterus is carried a little forward toward the neck of the bladder, and the body which lies behind, inflected as in the preceding form, seems to have replaced the cervix in the position which the latter ought to occupy: finally, *in a third form*, the cervix itself is carried backwards and upwards, and the body, following the same direction in consequence of its flexion, rests upon it, and covers its posterior surface now become superior.

In this last form the external orifice is carried completely backwards, assuming the same direction as in anteversion. I saw, a short time since, a very remarkable example of this form. The finger could not feel the body of the uterus behind, but far in front felt the cervix which seemed to direct itself toward the anterior abdominal wall; so that before having performed exploration with the sound, an anteversion might have been supposed to exist. Every thing leads to the belief that the uterus had, save the direction of the flexion, the same form as in the case of anterior flexion, which was communicated to us by M. Aran, and which I showed to you in a preceding lesson.

* * * * *

RETROVERSION WITH FLEXION (VARIETY).

§ 1. *Definition.*—This species of displacement consists in a variety of retroversion in which, while the axis of the uterus is completely turned over backwards, there are nevertheless one or more flexuosities, which without changing the general direction of the organ, give it an undulating outline. Thus cases of this kind cannot be confounded with retroflexion in which there are two axes quite distinct, and united at an acute angle, one for the body, the other for the cervix. But, while likening them to retroversion, we should carefully distinguish them, since however slight may be these flexions we should take account of them in passing the uterine sound.

Flexions are more often presented to our observation united to retroversion than to anteversion, as we have been able to collect 11 cases of the former combination, whilst we have had only 3 cases of anteversion with flexion.

The flexion was most often simple, the retroverted uterus describing a curve with its concavity, sometimes inferior—sometimes and more rarely, superior. Twice only I recognized the existence of two flexions in opposite directions in the same uterus, which was then very bulky and very deep. Never have I found three flexions in the same subject.

* * * * *

LATERAL DISPLACEMENTS.

We will say only one word upon the lateral displacements, designated by the names *latero-versions* and *latero-flexions*—right or left, according to the side towards which the womb inclines. I have never found them alone. Although united to other forms of displacement, they have appeared in several cases to be capable of accounting for the predominance of certain symptoms in such and such a side—for example, for pain existing in one groin alone. Generally, the pain was more severe on the side towards which the uterus was inclined, although I have seen examples of the contrary. Might not this be explained, in the first case, by the pressure of the body of the uterus upon the sacral plexus, and the nerves which emanate from it; and in the second, by the traction upon the ligaments?

I have also seen constipation more frequent in the left latero-versions than in the right—a fact which is perfectly explained by the anatomical disposition of the parts.

Doctor Dezauneau says he has found lateral displacements more frequent upon the right side than upon the left. I have no data in reference to this point. But one would suppose that such would be the case, since the rectum being situated upon the left side, would, when fæcal matter distends it, push the uterus toward the right.

AN EXAMINATION OF THE DOCTRINE OF SELF-LIMITED DISEASES.

[Continued from page 500, vol. 50.]

AMONGST the self-limited diseases, enumerated by Dr. Carpenter in his dissertation read before the Bristol District Medical Society, we find epi-

lepsy. It must be borne in mind that the doctrine we have under examination is thus defined by that gentleman—diseases which “*cannot be arrested by any medicinal agent (or agencies) known to the profession.*”

Having long looked upon the doctrine of the self-limitation of disease, as recognized by the authorities, as a dangerous fallacy, we were induced to submit it to a rigid examination, and to lay before the profession our reasons for its rejection. Reference to our last article will show the inappropriateness of longer considering any of the diseases named therein, as self-limited; nay, if we have succeeded in our efforts to prove that those diseases may be arrested in their course, and therefore are not self-limited—then, longer to treat them as such, by allowing them to “bide their time,” and “watch and wait with anxious solicitude until that time arrives,” is not only submitting the patient to the daily repetition of the several phases which mark the disease, but is at the same time exposing him to needless suffering, and continually increasing danger.

In our present article we are to submit epilepsy to examination; and if we succeed in establishing the fact that it has been arrested in its course, “when once fastened upon, or in possession of the citadel of life,” then must epilepsy be no longer included in the list of self-limited diseases.

We propose to let Dr. Watson describe this “formidable disease.” He says, “A man, then, in the apparent enjoyment of perfect health, shall suddenly utter a loud cry, and fall instantly to the ground, senseless and convulsed. He strains and struggles violently; his breathing is embarrassed or suspended; his face turgid and livid; he foams at the mouth; a choking sound is heard at his windpipe; he appears to be at the point of death by apnœa. But presently, and by degrees, these alarming phenomena diminish, and at length cease; the patient is left exhausted—heavy—stupid—comatose; but his life is no longer threatened, and in a short time he is once more, to all appearance, perfectly well. The same train of morbid phenomena recur, however, again and again, and mostly at irregular (?) intervals. This is a brief description of the most ordinary form of epilepsy.” “In this country its common designation is the *falling sickness*; or, more vaguely, *fits*. The cry, which is frequently, though by no means always, uttered, is generally a piercing and terrifying scream. In most of the fits of which I have happened to see the commencement, the first effect of the spasm has been a twisting of the neck—the skin being raised, and brought round by a succession of jerks towards one shoulder, and one side of the body is generally more agitated than the other. The features are always greatly distorted; the brows are knit; the eyes sometimes quiver and roll about—sometimes are fixed and staring—sometimes are turned up beneath the lids, so that the *cornea* cannot be seen, and the white *sclerotica* alone is visible; the mouth is twisted awry; the tongue thrust between the teeth, and caught by the violent closure of the jaws, is *bitten*—often severely—and the foam which issues from the mouth is reddened by blood. The hands are firmly clenched, and the thumbs bent inward upon the palms; the arms are thrown about, striking the chest of the patient with great force, or bruising themselves against surrounding objects, or inflicting hard knocks upon the friends and neighbors who have hastened to the patient’s assistance.”

"The spasmodic contraction of the muscles is occasionally so powerful, as to dislocate the bones to which they are attached. The joints of the jaw and of the shoulder have thus been put out, and the teeth are sometimes fractured." "When the convulsive paroxysm is over, the patient falls into a deep sleep. You might imagine that he slept from exhaustion, like a man worn out by great fatigue. But there is something more than this; the patient passes into a state of incomplete *coma*; or rather the insensibility continues after the convulsions have ceased. When he awakes, he is often confused and incoherent for a time. By degrees, however, he resumes his ordinary appearance and condition; but he remembers *nothing of what passed during the fit.*"

The learned doctor has given us a very graphic portraiture of one phase of epilepsy, but another phase has yet to be noticed. The preceding observations apply to epilepsy when occurring with the *hot* or febrile stage; let us next notice the disorder as modified by its occurrence in the *cold* stage, or during the period of depression. Again shall Dr. Watson describe the disease, although he has failed to notice the *state* upon which its modification depended. "But there is a large class of cases in which the symptoms are much more mild. There is very slight and transient, or even no convulsions at all; *no* turgescence of the face; *no* foaming at the mouth; no cry; but a sudden suspension of consciousness—a short period of insensibility—a fixed gaze—a totter—perhaps a look of confusion; but the patient does not fall. This is momentary—consciousness presently returns; the patient resumes the action in which he had been previously engaged, and is not always aware that it had been interrupted. Sometimes with this temporary abeyance of the mental functions, there is some slight evidence of convulsion, or involuntary action; the fingers of one hand, or less commonly of both, are moved irregularly, or without any object; or the eyes roll, or are turned upwards; or the muscles of the face are twitched. Sometimes the patient is himself *aware* of what has been his condition, but shows some cunning in endeavoring to conceal it. The slighter attack, to distinguish it from the epileptic fit, is called epileptic *vertigo.*"

"Of affections so different in degree, and in some respects so dissimilar, you may be disposed to ask whether they really constitute the same disease. That they are both essentially of the same stamp, we have this evidence, that *both* forms of attack occur in the *same* individual. Sometimes a patient will suffer many recurrences of the epileptic vertigo, and at length will become affected with violent epileptic fits; or the two forms will intermingle—sometimes the *milder* happening, sometimes the *severer*. In such cases we cannot doubt that the attacks are the same in nature, though different in form and degree; and when, as sometimes happens, we meet with the slighter disease alone, we cannot refuse to assign to it the character and name of epilepsy."

Whilst we accord praise to Watson for the faithfulness of his portraiture, we regret that his reasoning is greatly below his power of symptomatic description.

According to most of the authorities, the epileptic paroxysm generally occurs at "irregular intervals;" but Dr. Copland, with greater correct-

ness, describes the disorder as a “sudden loss of sensation and consciousness, with spasmodic contraction of the voluntary muscles, quickly passing into violent convulsive distortions, attended and followed by sopor, recurring in paroxysms *more or less regular*.”

As in practice we sometimes meet with irregular agues, so in practice we occasionally meet with irregular epilepsies; but the experience of the observant practitioner will, everywhere, attest to the wonderful regularity of the intervals between the epileptic paroxysms; indeed, the tendency to periodic repetitive movement, whether in health or disease, is inherent in all the functional and vital movements of the organism.

As all the authorities admit the paroxysmal and intermittent character of epilepsy, we shall now only notice the periodicity of its recurring paroxysms.

In the (London) Medical Enquirer, 1850, we find the following:—
“A gentleman, twenty-six years of age, had epileptic fits for nearly four years. On questioning him whether his fits showed any tendency to periodicity, he replied in the negative. I inquired if he had kept any record of them. He had. On his next visit he produced a paper, which showed his attacks to have come on as noted below:—

1843—Feb. 9, 21. April 13, 21, 26. Nov. 20. Dec. 15, 23.

1844 “ 11, 17. “ 15, 23, 29. “ 23. “ 21, 31.

1845 “ 13, 21. “ 17, 20, 27. “ 27. “ 11, 17.

1846 “ 17, 27. “ 21, 27.”

Looking only at a single year, the periodicity of the attacks would not be observable; but on an examination of the four years record, how strikingly is that law developed. The same Journal describes the case of a clergyman, subject to epilepsy, on whom the attack was repeated every third Sunday; and the case of a barrister, upon whom the paroxysms were manifested every fifteenth day. Prof. Mapes, of New York, who had been subject to epilepsy for twenty-five years, marked the periodicity of the paroxysms. In the spring of 1853, I was consulted by a gentleman, aged about twenty-three, who had been subjected to epileptic fits from the age of puberty. The attacks always commenced in the spring, and always in the same month, and continued on alternate days, until the end of summer. In the fall of 1852, I was consulted by a gentleman who had been the subject of epileptic fits for twelve years. The attacks were semi-diurnal.

The tendency to periodic repetition is common to all disease—regularity being the rule, irregularity the exception. These irregularities are often the result of accident, or of art, misapplied; they are also frequently induced by external influences, and mental emotions. Any agency which depresses the vital powers, not only renders the repetitive paroxysms more irregular, but also adds to the causes whereby the paroxysms are induced; and the *frequency* of the paroxysms is also increased, until, as in the case of Prof. Mapes, they numbered six fits in the day, repeated daily for a number of weeks.

In common with every other cerebral disease, epilepsy was often developed as a result of the Walcheren ague; but in those predisposed to the disorder, it may be induced by *any* fever, as also by the fevers of

puberty, pregnancy, etc. Upon this point Dr. Bright correctly said—"There are leading periods in the evolution of the frame, and peculiar circumstances connected with certain periods, which may well be considered as influential in the production of the disease. In infancy the nervous system is delicate, and easily acted upon by various causes of irritation. Then follows the trying period of teething. In a few years the second dentition occurs. A few years later, we have all the great changes connected with the age of puberty. To this follow the excesses and exposures of manhood, and the functional disturbances of pregnancy. After the lapse of years the vigor of the system fails, and many causes act to derange the nice balance of the constitution."

These rational views of Dr. Bright, are considered by Dr. Watson as "a little piece of theory;" but in our opinion they are a great and immutable fact—for all these climacteric periods are *febrile*, and hence their danger. Epilepsy is often found in connection with irregularities of the periodic uterine function, and more especially where the secretion has been suddenly arrested, or suspended. Says Watson, "Hysteria may *simulate* all other diseases." But what shall we understand by that? Simply, that the hysteric fever, in common with every other constitutional disturbance, may develop any disease to which the subject thereof is predisposed; but there is no *simulation*, by hysteria, of those diseases, for if manifested they have a real existence.

Can epilepsy be arrested in its course by any medicinal agent (or agencies) known to the profession? for if it can be so arrested, it is no longer to be considered a self-limited disease. We maintain *that it may be arrested*, and therefore it is not a self-limited disease.

Proof. Prof. James J. Mapes, after being subjected to epilepsy for twenty-five years, and for several weeks having five or six fits daily, was cured in a little over one week. From a letter now before me, bearing that gentleman's signature, I quote: "Before this time, for many weeks, I averaged five or six fits per day; and since taking the medicines given me by Dr. —, I have recovered my health, and I have not endured a single epileptic attack for nearly a year." Surely, here was a *prompt arrest*, and as prompt a cure of epilepsy.

From my own case-book, I transcribe the following: "Oct. 8, 1852. Consulted by S. H. Epilepsy, twelve years' duration; two fits daily, at 11 A.M. and 4 P.M. Treatment terminated Dec. 2d. From the first day's treatment he had not a single repetition of his old tormentor; nor had he suffered any relapse in Dec. 1853, when last I heard from him." Was not *arrest* and *cure* here also marked? "March 31st, 1853. Called to see G. W., aged 23; subject to epileptic fits from puberty; commencing every spring, and continuing until the close of summer. Has from two to five fits each alternate day. Treatment terminated June 13, and from the day he commenced treatment, to June 1854, at which time I last heard from him, he had had not a single fit." Was not this case, also, at once arrested in its course, and as promptly cured?

Facts like the foregoing might be multiplied; but those already given are ample to prove that epilepsy is not a self-limited disease, for its course may be promptly arrested by the appropriate medicinal agencies.

CASE OF MALFORMATION.

To the Editors of the Boston Medical and Surgical Journal.

HAVING read in a recent number of the Journal a notice of a case of monstrosity—a child born without eye-balls—it occurred to me that a case of similar misfortune happened in a neighboring town in September of last year. At the time of the birth, I noticed an unnatural appearance of the eyes. The lids were closed; the lower one distended, and of a dark color, like recent ecchymosis, soft and fluctuating—one being protruded much more than the other, and nearly a hemisphere. The globes of the eye were entirely wanting. The presentation was perfectly natural, and labor speedy and easy. No violence was used which could, in the least, account for the imperfection. Vulgar belief, which always seeks to account for these unnatural productions through impressions made upon the maternal imagination, ascribes the cause of this to accidents which are said to have occurred during pregnancy, but which the mother declares to have been trifling, and soon forgotten, and that nothing happened during that term which occasioned any permanent impression. She is not able to assign any cause, at all satisfactory to herself, which might in any way account for the melancholy imperfection. The child, which is male, is large, healthy, and otherwise well formed.

North Stonington, Ct., July 18th, 1854.

L. W. KINNEY.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 2, 1854.

Completion of the Fiftieth Volume.—With the publication of this number, we enter upon the fifty-first volume of the Journal, and it cannot be considered inappropriate to briefly review its early history, and to speak of its progress and prosperity. Although the commencement of the fifty volumes of the “Boston Medical and Surgical Journal” was in the year 1828, yet we are justly entitled to date its advent into the medical world many years anterior, as the following record will show. In 1812 the “New England Medical Journal” was commenced by Drs. J. C. Warren, Walter Channing, and John Ware (all still living), who conducted its publication quarterly to the end of the year 1827, a period of fifteen years. In 1823 the “Boston Medical Intelligencer” was commenced as a weekly paper by our senior as editor, and published in a quarto form by Mr. John Cotton. This arrangement was continued for three or four years, when Dr. John G. Coffin purchased the work; its form was changed to an octavo, Dr. Coffin editing it, while Mr. Cotton continued the publisher. In February, 1828, it was sold by Dr. Coffin, to Drs. Warren, Channing, and Ware, to be united with their “New England Medical Journal.” It was at this time that it assumed the name of “The Boston Medical and Surgical Journal.” They remained proprietors and editors for one year only, when they sold their right to Mr. John Cotton, the former proprietor of the “Intelligencer,” and Dr. Chandler Robbins edited it till 1834, when Mr. Cotton’s interest as proprietor and publisher was transferred to Mr. David Clapp, who still retains it. The present senior editor again took charge of it in 1835, and has remained at

its head ever since. It will thus be seen, that our Journal, as published for twenty-six years past, is the union of two periodicals—one commenced some forty-two years since as a quarterly, and the other thirty-one years as a weekly. During this long period many journals for similar purposes have been born, survived for a time, and then died. Yet through the kindness of our friends, we have been able to survive, to grow and to prosper. We have had many able and valued correspondents, some of whom have continued on from the very commencement. We feel thankful to them for their favors, and it will be our endeavor to merit them, and the patronage we have received from the profession generally, by pursuing the same course in the management of the Journal, which is believed to have given them satisfaction. Our subscription list has gradually increased, and is still increasing—the Journal being circulated in every part of the United States and the British Provinces. It is still the only weekly Medical Journal published in North America. We hope to receive the same share of favor hereafter that has been granted us in times past, and we hereby offer a renewed determination on our part that the “Boston Medical and Surgical Journal” shall merit the support that is given to it.

Universal Formulary.—Attentive readers will recollect, on seeing this paragraph, that Dr. Griffith, of Philadelphia, some few years since brought out a work on the preparation and administration of medicines, which was received by the profession with marked applause. A new edition is abroad, improved in various respects by its editor, who has endeavored to carry out the views of the lamented author. The title-page is a complete key to the volume, and those in need of reliable, standard practice, will appreciate the industry and research of the author and his able commentator. It reads as follows—“A Universal Formulary; containing the methods of preparing and administering officinal and other medicines. The whole adapted to physicians and pharmacutists. By R. Eglesfield Griffith, M.D. A new edition, carefully revised and much extended, by Robert P. Thomas, M.D., with illustrations.” It is from the celebrated press of Blanchard & Lea, of Philadelphia. In this edition, the volume reaches 651 octavo pages, and is beautifully printed. The amount of useful, every-day matter for a practising physician, is really immense. By referring to the notice of the work in this Journal when Dr. Griffith first came before the professional world, further information respecting it may be obtained.

The Second Volume of Dr. Drake's Work.—We learn by an exchange that the above-named work is now passing through the press, and will be out in a short time. This, which is confined to a description and treatment of diseases, will, in connection with the previous volume, mostly on etiology, make a work on the diseases of the Interior Valley of North America that will give character, unless we are mistaken, to western medical literature.

Health of Louisville, Ky.—Louisville continues healthy for the season, which has been wet, and is now extensively hot. If any cases of cholera have originated in the city, they have thus far been few and scattering. Dysentery prevails to some extent, with diarrhœa, cholera morbus and cholera infantum. There is plainly a tendency to bowel complaints, as might be expected in such weather. Cholera is reported to have appeared in

many places, in this State and Tennessee, but we do not hear that it is anywhere committing such ravages as attended the march of the disease in former years.—*Western Journal of Medicine and Surgery.*

Professor Lawson.—This eminent medical gentleman, who would give character to any school with which he would connect himself, has resigned his place in the Ohio Medical College. His chair in the Faculty will be occupied at the approaching session by Prof. Armor, who has made Cincinnati his place of residence, and who, we should think, will be found to be available in his new position.

John A. Warder, M.D., has recently been appointed to the chair of Chemistry in the Ohio Medical College, the same chair formerly occupied by Prof. Locke.—*The Ohio Medical and Surgical Journal.*

Extirpation of Tumor.—Dr. Dow, of Frederickton, N. B., lately removed a large fleshy tumor from the shoulder of a man named Collins, who, in consequence of its size, had to carry it for a long time past in a bag made for the purpose. Dr. Dow, after placing the subject under the influence of chloroform, performed the operation of severing the tumor in the short space of three minutes. The arteries were taken up, and the skin connected in a few moments afterwards. During the whole time, Mr. Collins, although not wholly insensible, did not complain of pain; he once or twice desired those present not to *scratch his shoulder*. It weighed 11 lbs.

Pamphlets Received.—The thirty-fifth annual announcement of Lectures of the Medical College of Ohio for the session of 1854-'55.—Annual Catalogue of Students and Graduates of the Medical Department of Transylvania University, Lexington, Ky., for the session of 1854.—Annual announcement of the Law, Literary and Medical Departments of the University of Nashville, Tenn., session of 1854-5.—Fifth annual announcement of the Female Medical College of Pennsylvania, located in Philadelphia, for the session of 1854-'55.—On the reputed causes of Yellow Fever, and the so-called sanitary measures of the day, by M. Morton Dowler, M.D., New Orleans. We shall notice this pamphlet soon.—Curriculum of the courses of Lectures to be held at the Pennsylvania Medical University of Philadelphia, and announcement of the Spring Session of 1854.—Dr. March's admirable paper on penetrating wounds of the abdomen, &c., read before the New York State Society; and the Transactions of the Massachusetts Medical Society, will receive attention soon.

TO CORRESPONDENTS.—The following Communications have been received:—Case of Compound Comminuted Fracture; Remarkable Cure of Epilepsy; On the Vital Endowment of Nerves (continued); Puerperal Convulsions; Metallic Arsenic.—The first number of the "Reveries of an M.D." we should prefer not to publish at present. It not only brings up again a subject which had better be left at rest, but applies the lash of ridicule a little too unsparingly, and perhaps too inconsiderately. The writer must try his pen again.

MARRIED—Dr. George H. Howell, of the U. S. Navy, to Miss S. H. King.

DIED—At Preston, Conn., Dr. Avery Downer, 92.—At Florence, Italy, June 25, Thomas P. Jackson, M.D., of this city, formerly of Yarmouth, in his 44th year.

Deaths in Boston for the week ending Saturday noon, July 29th, 108. Males, 51—females, 48. Apoplexy, 1—disease of the bowels, 1—disease of the brain, 1—inflammation of the brain, 1—congestion of the brain, 2—cholera, 22—cholera infantum, 3—colic, 1—consumption, 17—convulsions, 5—dysentery, 5—dropsy in the head, 2—drowned, 2—debility, 2—infantile diseases, 8—puerperal, 1—erysipelas, 1—lever, 1—typhoid fever, 1—typhus fever, 1—hooping cough, 1—disease of the heart, 2—hæmorrhage, 1—intemperance, 1—inflammation of the knee, 1—inflammation of the lungs, 3—disease of the liver, 3—marasmus, 3—old age, 1—peritonitis, 1—palsy, 1—scrofula, 1—teething, 8—thrush, 2—worms, 1.

Under 5 years, 40—between 5 and 20 years, 6—between 20 and 40 years, 33—between 40 and 60 years, 22—above 60 years, 7. Born in the United States, 63—Ireland, 38—Germany, 5—England, 1—British Provinces, 1.

Hot Weather in Cities—Health of Boston.—On Friday, July 21st, the telegraph gave us a report of the state of the thermometer in several of our cities, from which it appears that Boston was on that day decidedly the coolest city east of the mountains. In New York, at 2½ P. M., the mercury was at 99 in the shade; at Philadelphia, 102; Baltimore, 94; Washington, 98; Albany, 93; New Bedford, 100; Manchester, N. H., 97; Springfield, 102; at the White Mountains, 90 to 100; while in Boston it was only 84. This fact tends to confirm what we have long believed to be true, that Boston is the most comfortable of our cities, as to temperature, during the summer months; and we also believe it is the cleanest and healthiest city in the world, in comparison to its population. Thus far, the present season, but a few over one hundred deaths have been reported among us from cholera, and no doubt some of them were cases of cholera morbus. As we have before intimated, there need be no fear of its becoming an epidemic the present season. The public authorities have taken every necessary precaution to ward it off. The water runs through our common sewers almost as clear as in a brook; and so long as we have a plentiful supply from Lake Cochituate, we have no occasion to fear that sickness will be occasioned by any miasm proceeding from the underground conduits. In connection with this subject, we take occasion to say, what has often been alluded to before in this Journal, and echoed in most of the newspapers, that much of the sickness at this season of the year is in consequence of imprudence in eating unripe fruits and unwholesome vegetables, and also, we might add, stale meats. We have noticed that foreigners, especially, go round our streets, selling wilted and decayed peas, beans, cabbages, cucumbers, &c., that would in any season of the year produce gastric or intestinal disturbance. Our advice is, during the excessive hot season, to avoid eating meats, and also those vegetables which are not perfectly fresh; never to eat while in a hot, feverish, or excited condition; to eat slowly and masticate the food well, and to remain for a while after each meal in a quiet state, or at least not to be exposed to the sun's rays. The bowels should be covered with flannel through the whole season, and other precautions taken against the sudden changes of weather which are so common among us.

Medical Miscellany.—Dr. Vougas, formerly President of the republic of Venezuela, died recently in New York.—Dr. McCulloch recently died at Montreal of cholera. He had a high reputation for the successful management of the disease.—Dr. Wm. H. Arrison, the supposed agent in forwarding the infernal machine to Cincinnati, which exploded and killed two persons, has been arrested in Iowa.—Dr. Linton, an accomplished scholar and physician, formerly a surgeon in the navy, was recently hung by a mob at Larado, Texas. He had murdered three persons, which aroused the indignation of the whole community.—A lady in Barnstable, Mass., last week, gave birth to three children—weighing, together, 20½ pounds.—Cholera is now showing itself all over the United States, but not in its worst form, as in former visitations.—A brewer was lately fined £30 in England for adulterating his beer with the *grains of Paradise*. He deserved to be executed.—Dr. Avery Downer, who had practised medicine for 70 years, died last week in Preston, Conn., aged 92 years. He was the sole surviving witness of the massacre at Fort Griswold, where he assisted his father in dressing the soldiers' wounds.—A lady died in February last on Long Island, N. Y., who had been confined to her bed for a period of fifty years.—Dr. Jaynes, of Nashville, Tenn., blew up himself and house last week, by lighting a keg of gunpowder. He was supposed to be insane.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LI.

WEDNESDAY, AUGUST 9, 1854.

No. 2.

ON THE VITAL ENDOWMENTS OF NERVES.

[Continued from page 480, vol. 50.]

THE common belief of vital properties of nerves, which this view opposes, derives its chief support from the authority of Sir Charles Bell, whose researches are well known; and a comparison of the principles just laid down with certain physiological and pathological phenomena, in order to show the manner in which these last are elucidated by them, would naturally lead us to advert to those of that writer. In the first place, then, I would state, that the conclusions of Sir Charles Bell never flowed legitimately from his premises. In his first experiments on the fifth nerve, before he had any theory to support, or rather before his theory had assumed a definite form, he drew the inference that this nerve was for motion. This, therefore, was the natural inference; and though subsequently, when on finding that it did not tally with those he drew from his experiments on the spinal marrow, he withdrew and reversed it, still there were residual phenomena which threw serious doubts on its correctness in its amended form. The loss of all power in the lip, in an animal whose chief sense of touch resides in the lips, and the chief motions of which, would naturally be associated with it, the dropping of the mouth, and the drawing it to one side, seemed to indicate that something more than sensation was destroyed. Many labored attempts have been made to reconcile this contradiction by his followers. But they have not been successful. Contractions of the iris have also been produced by irritating the fifth; some distortion is produced by paralysis of that nerve; it sends fibres to muscles, and there are other signs of its agency in contracting certain muscles of the face, particularly the eyelids. Now all this is readily explicable on the supposition that the mind employs the fifth for touch, and those motions which it performs under the direction of touch.*

* For a full account of Sir Charles Bell's errors in relation to the fifth nerve, the reader may consult James O'Beirne's analytical correction of that writer's views respecting the nerves of the face, re-published, in this country, in the "Register and Library of Medical and Chiroigical Science," for 1834. Dr. O'Beirne comes to the conclusion, that either the fifth nerve must be allowed to have some other office than touch, or the motor portion must extend to branches of it, not now conceded by anatomists—which last alternative he adopts. Indeed, it is the chief object of his essay to prove it. The view above given accords with the first. In one of the observations quoted by him, Sir Charles himself expressly admits "a power of holding by the lips, independent of the seventh nerve."

Again, if we pass from the nerves of the face, to the spinal marrow, we find his experiments at once in conflict with those of Magendie and Bellingeri. While Sir Charles inferred that the anterior cords were for motion, and the posterior for sensation, Magendie inferred that the former were for motion chiefly, and the latter for sensation chiefly; and Bellingeri that the first were for the movements of flexion, and the last for those of extension. Scarcely anything deserving the name of an attempt to reconcile the results of those of the English, with those of the Italian physiologist, has been made. But since the discovery of the reflex function, Dr. Carpenter has endeavored, by the aid of special pleading and patchwork, to make the others coincide. By the reflex function, he explains, with some plausibility, how motions are produced, when, after section, the proximate ends of the posterior cord are irritated.* But when he explains how it is that sensation takes place through the anterior cord, he assumes the thing to be proved, and then makes use of it to prove itself. For he supposes that sensitive fibres from the posterior cord pass up from the point of union of the two cords towards the spinal marrow, not because they have been traced anatomically, but solely on the ground that dividing the posterior cord puts a stop to the exhibition of sensation when the anterior is irritated. The true question is, whether there *are* any fibres either in the anterior or posterior cords by whose vital endowments sensation takes place. Is it not most natural to suppose, that irritation of the cut end of the anterior cord occasions convulsive or painful contractions of the muscles, and the connection being maintained by the posterior, the animal exhibits indications of suffering?

The value of all such experiments has been very much overrated. In reasoning from them, it should be borne in mind, that the anterior reaches the nerve below the ganglion, and the posterior reaches it above or through the ganglion. It is admitted to be difficult to make a physical irritation pass through a ganglion; that ganglion was once the end or point of union of fibres below it, distributed both to sensitive surfaces and to muscles. When the tension of the nerve is kept up from the spinal marrow, then physical irritation would be propagated in both directions; would excite contractions in the muscles below, and painful feelings in the mind; because both of these affections are associated with them. But when the nerve is cut above the ganglion, which is the usual place of section, while irritation of the proximate end would occasion feeling, irritation of the distal end would probably be null, even supposing the nerve to be connected with touch, and the motions directed by

* The inconsequence of this conclusion is shown by an experiment of M. du Bois-Reymond. "If any motor nerve be selected which divaricates into two branches (as, for example, the sciatic nerve of a frog, which divides above the bend of the knee into the tibial and peroneal branches), and a galvanic stimulus be applied to either of these branches, this having been first divided above its insertion into the muscles, the electrotonic state will be developed, not merely in the portion of the trunk continuous with that branch, but also in that which is continuous with the other branch, as will be made apparent by the contraction in the muscles supplied by the latter."—(*Carpenter's Physiology, Fifth American Edition*, pp 653-4.) Here we have an undoubted instance of an irritation being transmitted through a nerve, when severed in part from its natural connections, in a manner opposite to the physiological mode of such transmission, as generally understood. Can any one say, that when the proximate ends of the posterior cords are irritated, the resultant motions through the anterior are not of an analogous character?

touch. In like manner, irritation of the anterior cord, whether connected with the spinal marrow or not, would occasion nothing but muscular contraction, for that is all that was ever associated with it by the mind, if we suppose the anterior cords are the medium connecting the cerebrum with the muscles, through which the mind governs the motions under the direction of the specific senses.

The cause of the observation of Bellingeri of movements of extension, when the posterior columns were irritated, &c., was the fact that movements of extension are more associated with touch, and movements of flexion are more under the direction of the specific senses. The body balances itself on the feet, and extends itself in the erect position, as it is directed by touch, while the work of the hands, in which flexion predominates, is more under the direction of the eye. To this it may be added, that the body is habitually extended in the waking state. The same principle accounts for the greater frequency of movements of extension in tetanus, where the wound usually involves the nerves of touch, since they are spread over the greater surface of the body. And it comes into play, also, in accounting for some of the phenomena of hemiplegia, and paraplegia, as we shall see when we come to speak of the cerebellum and diseases of the posterior columns of the cord.

Experiments performed on lambs by Calmeil, quoted by Prof. Nasse, of Bonn, as well as the experiments of M. Brown Séquard lately performed at Boston, are sufficient to show that the posterior columns have something to do with muscular contraction. It is also stated by Carpenter, that a limb whose anterior cords are divided, if the posterior are untouched, maintains its size. Now as the nutrition of muscles is kept up by their contractions, this fact plainly indicates, much more than direct irritation of the roots, that these roots have an agency in producing contractions. Cases have been published, says this author, in which there has been complete destruction of the anterior columns without loss of motion, and of the posterior without loss of sensation. This ought to be decisive of the question. If motion depends on a vital endowment of the anterior column, then disorganization of it *must* be followed by complete loss of that power. But if it depends on a power of the mind, there is a chance, in the first place, for a vicarious operation. The *vis medicatrix naturæ* may also come in play. And if a part of its motions are performed through the agency of the anterior cords, and a part through the posterior, as they are directed by the specific senses, or by the sense of touch; then the operation is all the easier. We can understand, also, how it is that sudden injuries produce total loss of muscular power below the seat of them, while disorganizations as grave, which have been the effects of a slow process of disease—or which have been sudden, and not quickly fatal, so as to allow the recuperative energy to display itself—have been followed by opposite and contradictory results. A striking illustration of these remarks is afforded by one of the cases referred to by Carpenter—the case reported by Mr. Stanley in vol. xxiii. of the Medico-Chirurgical Transactions. There was loss of motive power of the lower extremities without loss of sensation, attending disorganization of the posterior columns of the spinal mar-

row from their commencement to their termination ; a point blank refutation of Sir Charles Bell's views. Every one who saw this case before death, predicted disease of the anterior column. But on examination this portion was found perfectly healthy, "white, and of a firm consistence" throughout, while the posterior was of a dark color and soft consistence, the line of demarcation being as straight as a line could be drawn between the two portions. Here, then, was general disease of the posterior column of the spinal cord, and disease isolated in that part. It was natural to expect disturbance in the function belonging to that part, and nothing else. How happened it that sensation was not lost, if sensation, as a whole, belonged to the posterior column? In this respect, there is reason to believe that the observation was faulty. Under the term general sensation, have been ranked affections which should have been kept distinct. The organic feeling, and the localizing of that feeling, are two things.

Again, the sensations of pain, of heat, and of touch, are three different things ; and although the same nerves running from the superficies may be concerned in producing all of these, their central connections may have different offices with regard to them. The posterior columns being the commissural connection between the cerebellum and the nerves of touch, may only be instrumental in making the mind conscious of tactile impressions, or they may be simply instrumental in enabling the mind to *localize* the sensations and to discriminate their kinds. There are a number of facts which seem to point to this latter conclusion. But the observer being impressed with the idea of sensation as a whole, belonging to the posterior column, if the paralytic person exhibits the least sign of feeling and is conscious of it, he is apt to regard that function as intact. Emotion with reference to the mind, and pain with reference to the body, are correlative facts. One is deep feeling grounded on ideas ; the other is deep feeling grounded on bodily injury or disorganization. They both seem to affect the mind in a department deeper than the range of the conscious discriminative sensations and volitions. Hence, when the connection between the two brains and the muscles is interrupted, and voluntary power over the latter is withheld, emotion still gives rise to convulsive movements. Hence, too, in profound diseases of the nervous centres, both spinal and cephalic, as brought forward and nearly established by Dr. Gull, there is greater loss of motion than of sensation. In the case in question, pricking, pinching and scratching, were all the means resorted to, as reported, to test the sensibility of the skin, all of which may be supposed to excite a degree of pain.

Again, it may be asked, how happened it that motion was lost, while the anterior column was healthy, if motion, as a whole, belongs to that portion? The answer to this inquiry is too obvious to require comment.

A third question, more pertinent to our purpose, is this—How happened a disease which was general throughout the posterior columns, and which of course must affect the general function of those columns, to produce paralysis of the inferior extremities alone? If the function of this part depended on an inherent vital endowment of it, we should have overwhelming proof that that function was to give motion to the

lower extremities. But it is not thus lightly to be disposed of. That we are ordinarily guided by touch in the movements of the lower extremities, I need not waste words in proving. Our consciousness informs us of this fact. Or if it does not, pathological observations teach us that when the sense of touch is wanting, the eye has to be turned down to the extremities in order for the body to be balanced on the feet. Now, if the habitual motions of the lower extremities are directed by touch, and if the commissural connection of the surface of touch and the muscles, with the central organ, is diseased, the loss of motion would display itself here first. This explanation is directly corroborated by the observed consequences of diseases of the central organ, the cerebellum, and conversely by diseases of the cerebrum. In the work of Solly on the human brain, two cases of disease confined to the cerebellum are quoted from Serres, in which the leg on the opposite side was palsied, with comparatively little affection of the arm; and another, after Abercrombie from Morgagni, in which scirrhus of the left lobe of the cerebellum was followed by paralysis of both inferior extremities; thus showing that whether the central organ itself is diseased, or its influence is cut off by disease of its commissural connection, the effect is the same. It is also a remarkable fact that in cases of hemiplegia, where recovery takes place partially or wholly, the leg precedes the arm in the process, just about in the same proportion of cases, that the seat of effusion is in the cerebrum compared with the cerebellum. It is, as we should naturally suppose would result from the mind's recovering the power that it exerts through the cerebellum, first, in consequence of the gravamen of the disease being less felt there.

The rationale of all the varied phenomena which take place when the great centres, or their commissural connections, the anterior and posterior columns, are diseased or injured, I conceive to be this. The mind having built up and acquired its power over the muscular movements of the body in the manner above stated, employs both brains to maintain a certain degree of tension on the nerves leading to the muscles, &c., according to their respective powers. This is done by the intervention of the anterior and posterior columns. The power derived from the cerebellum is proportionately more directed to the inferior extremities, conformably to its habitual associations. That from the cerebrum is more directed towards the superior. This is in conformity to the rule, that all the works of man's hands are performed under the direction of the eye. Now in case of sudden disease of the centre, as in apoplexy—or of injury of the connecting medium, as in division of the anterior column, the power of that centre is cut off. And the mind, after making allowance for shock, being deprived of the help which it derived from that source, finds itself without the power of executing its accustomed movements. But it is a re-active principle; and for the same reason that when a large artery is tied, it sets about to restore the circulation through the smaller ones. It aims to re-acquire its lost powers; and, so far as it is successful, it re-acquires in the order in which it originally acquired them. In most cases of injury of the spinal marrow, and in some cases of apoplexy, the patient dies before this re-active

tendency develops itself. And as a much larger proportion of power is derived from the cerebrum through the anterior column, annihilation of motion would be presented in all such cases where this part was severed. A superficial view, or a view which contemplates the nerves as having vital endowments, and not as acting in subserviency to a spiritual principle, would lead to the inference that the anterior portion was destined for motion. Thus the results of disease would seem to confirm the results of experiments, and still both be wrong. But in cases of slow disorganization, the mind meets with no sudden disruption of its energizing, and often gradually accommodates itself to circumstances. Such cases would be exceptional to the former. We might meet with instances of destruction of the anterior cord and persistence of motion to a degree inexplicable on the ground of vital endowments; while we could conceive of a gradually-increased activity of the cerebellum to compensate for the lost power of the cerebrum, which would enable us to account for them.

These conclusions are also confirmed by direct experiments on the two brains. In those of Hertwig, when the upper part of the hemispheres in a bird were removed, sight and hearing were lost, but were afterwards recovered; when the whole were removed, sight, hearing, taste and smell, were lost and were never regained, although the animal lived three months. In both animals, the cerebellum being intact, signs of sensibility to touch were manifested, and also of a capability to stand and direct motions by this sense.

All those experiments, again, on the cerebellum, from which the inference has been drawn that that organ was for co-ordinating or combining the muscles, so as to produce voluntary motions, may be explained as well or better by saying that it enables the mind to govern motions by touch. Such movements as were disturbed by mutilating it, as standing, walking, balancing, &c., were evidently those which are habitually associated with this sense. The chief points of difference are, that the latter explanation exchanges a vague and indeterminate expression for a lucid philosophical principle, and brings the office of the central organ into harmony with that of its prolongation into the spinal marrow.

This unnatural separation of the office of the posterior column from that of the cerebellum, is the legitimate consequence of Sir Charles' deserting general analogy and anatomical deductions, and trusting solely to experiments, without the true key to guide him in their interpretation. It forms one of the chief objections to his system; so weighty, indeed, that Sir Wm. Hamilton takes exceptions to it alone while, in deference to the physiologists of Europe, he gives in his adhesion to the general principle. The limited number of fibres that, according to Solly, pass from the restiform bodies to the anterior columns, cannot alter the case, although their purpose for the present is somewhat obscure. Whether they serve to connect the function of respiration, with the cerebellum—as the fact that some fibres of the portio-dura come off from them would seem to indicate—or are the counterparts of the processes to the testes, there can be no doubt that the main connection of the cerebellum is with the posterior columns, and that their functions ought to harmonize.

Finally—It is admitted by Sir Charles, that the mind must be cogni-

zant of the state of the muscles in order to regulate their contractions. And as he has a set of fibres to transmit motor impulses from the brain to them, so he must have another set to transmit sensitive impulses upward. Here he draws largely on the imagination, and both motor and sensitive impulses are inventions to begin with. And what anatomist has ever traced two classes of fibres, that lose themselves in the muscular structure, one of which on being irritated gave rise to muscular contractions alone, and the other to sensations? Some late physiologists have improved on this idea, and have invented a third fibre to account for the reflex motions, in accordance with the rule, that for every specific endowment a distinct fibre is necessary. But this process of laying up the nervous fibres, like the laying up of a rope with three strands, is found, by the knowing ones, to hazard the inconvenience of rendering the whole cord unwieldy, by its size. And it may be seen, by the last edition of Carpenter, that this branch of manufacture has fallen into disrepute. It is, however, of little consequence logically, how many of these fibres with specific endowments are called into being. One class only is necessary to hold the mind in relation with the muscle, according to the view given above. To imagine, therefore, a series of fibres for motor impulses, and another to render the mind cognizant of the state of the muscles, is to introduce two causes to account for that, for which one will account as well.

To recapitulate:—The view of the nervous system promulgated by Sir Charles Bell, does not, in the first place, exhaust or give a full account of the contents of the experiments and pathological observations on which it is based, inasmuch as some phenomena are unexplained by it. In the second, it is not necessitated by those phenomena which it does explain, inasmuch as they can be explained by another supposition. In the third, it is directly contradicted by pathological facts, so admitted by its own supporters. In the fourth, it divides in function, parts anatomically united in structure. And in the fifth, it violates an important philosophical law, by unnecessarily multiplying secondary causes.

In view of these facts it may be safely said, that among the mysteries connected with the nervous system, not the least is the circumstance that the medical profession as a body should settle down in the belief that this view presented the sum and substance of all truth in the department which it treats, and formed the starting point for all future investigations.*

B. H.

COMPOUND COMMUNUTED FRACTURE—OSSIFICATION OF THE ARTERIES.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case, though fatal in its result, you are at liberty to publish if you consider it worthy of an insertion in the Journal:—

Mr. David Caswell, aged 62, with an impaired constitution, received

* On page 478, vol. 50, line third from top, for "the organs of sense," read *that organ of sense*.

a compound comminuted fracture of the lower third of his right leg, by the falling of a stone which he was assisting to raise with a derrick, on Friday, May 19th, just as the workmen were about leaving off work for the night. The stone was a square block of granite, $4\frac{1}{2}$ by 5 feet in length and breadth, about 18 inches thick, and would weigh, by estimation, two tons. One corner of the stone struck his leg; the opposite side lay upon the wall, where it rested at an angle of a little over 45 degrees, throwing the weight of the stone upon his limb, which lay on the hard ground without anything to protect it.

I was called immediately, in consultation with Dr. A. Godding, Mr. C.'s family physician, and was accompanied by Dr. J. Russell, of Natick, who happened to be at my office when the accident occurred. The soft parts of the leg were severely lacerated, and there was considerable hemorrhage from the external wound, and some effusion into the cellular tissue. Applied immediately a bandage from the toes to the knee, which arrested the hemorrhage. Placed the leg in as easy a position as possible for the time being. Prescribed an opiate, and ordered stimulants till re-action came on.

Saturday, 5 o'clock, A.M.—Met Dr. Godding. Re-action had come on during the night. Pulse 60. Considerable complaint of prostration on the part of the patient. The foot, and the leg below the seat of injury, apparently lifeless. Decided to amputate at $8\frac{1}{2}$ o'clock.

At that hour found the patient quite as comfortable as when we left him, and ready, as he expressed himself, for the operation. Dr. Lincoln administered ether, and I amputated the leg between its upper and middle third, assisted by Drs. Godding and Lincoln of this town, and Russell of Natick. Found the anterior and posterior tibial arteries ossified to some extent at the point of amputation, and on dissecting them out of the amputated limb their inner surface was found completely studded with small spiculæ of bone, forming, in some places, cylinders from one half to two inches in length. Many of the anastomosing branches apparently impervious, feeling like small wires in the muscles and integuments.

The effects of the ether passed off very kindly in the course of three or four hours, and left the patient quite comfortable. Pulse 65. Appeared, as his attendants expressed themselves, during the afternoon "like himself again."

May 21st, 5 o'clock, A.M.—Had rested well till 12 o'clock. Began then to grow restless, and opiates were administered by his attendants according to directions. Delirium at times, with occasionally a little subsultus. Pulse 70. Skin pale and clammy. Countenance anxious and haggard. Stump very little swollen. Dressings quite loose. Cadaverous smell. Over the knee-joint, and the thigh above it, tense and crepitating to the touch. Bowels distended and tympanitic. Morph., gr. 1-5.—7 o'clock, patient more quiet. Pulse 80. Turpentine enemas, without any effect upon the bowels.—2 o'clock, P.M., Pulse 100. Patient gradually sinking. Emptied the bladder with the catheter. Died at 11 o'clock, this evening.

We intended to have made a post-mortem, for the purpose of ascer-

taining the condition of the arteries throughout the system, and particularly the anastomosing branches about the knee-joint and above it, in the amputated limb ; but before 9 o'clock the next morning decomposition had gone so far that no one would think of attempting an examination.

For the past three or four years of Mr. C.'s life, he had been in the habit of eating chalk daily, to an almost incredible extent. He carried it constantly in his pocket, and said he ate it because he loved it. From what I can learn by his friends and neighbors, who had frequently conversed with him on the subject, he had become as much attached to his chalk as any man ever did to his "favorite glass" or "sable quid." It is impossible to ascertain precisely the amount he had eaten per week or year ; but I should think, by what information I can get from the traders in our village, of whom he obtained his chalk, that he must have consumed, on an average, from 1 to 1½ lbs per week.

Query.—What effect would the habitual use of creta, for three or four years, to the extent which Mr. C. had used it, be likely to have on the constitution of an individual who was healthy when the habit was contracted ?

L. MILLER.

Winchendon, Mass., July 25th, 1854.

ARSENIC AS A REMEDY.

[Communicated for the Boston Medical and Surgical Journal.]

METALLIC arsenic appears to have been unknown to the ancients. Orpiment and realgar (the yellow sulphuret and the arsenicum rubrum) were the only preparations of this substance in use among the Greeks, or the Arabian physicians of the tenth century. Rhazes, of Avicenna, used principally the realgar, internally for cough and asthma ; and orpiment as an external application in some cutaneous diseases. In 1774, Lefebvre, of St. Ildephont, published a pamphlet, entitled "Approved remedy for the radical cure of the hidden, open, or ulcerated cancer." Merat and Delens (*Dict. Mat. Med.*) mention that when Lefebvre's pamphlet was published, the remedy was tried in the Lyons Hospital upon several patients affected with various forms of carcinoma, and the result found unsatisfactory. The same authors relate that Dr. Minniks, of Philadelphia, experienced better effects. In 1789 Adair published (*Medical Commentaries of a Society of London Physicians*) the favorable consequences of arsenic administered internally in obstinate cases of tetter ; and Rush confirmed these observations about the same time. Cazenave says (*Dictionary of Medicine, Paris, 1844*) "It is now proven that wonderful results are obtained with arsenious acid in the treatment of cutaneous diseases, both in the dry forms and in chronic eczema and intertrigo. This remedy is less successful in papulous eruptions, and in general it has almost failed in the various forms of porrigo, acne and sy-cosis. It may be useful in the elephantiasis of the Greeks ; to the treatment of acute exanthemata it is not applicable, as a general rule." Dr. Physick and Hans Roane published, in 1805, observations respecting the use of arsenic in scrofulous sores, malignant ulcers of the face

with necrosis, and in erosions of the superior lip. The Philadelphia Medical Museum (Vol. 1st, p. 47) contains some interesting remarks upon this subject. The action of arsenic in fever and ague has been a debated question for a hundred and fifty years. Hadrian Stevegott made use of the drug in the treatment of intermittent fever in Germany, at the close of the seventeenth century. The celebrated Störk combated its use with great vehemence. Fowler introduced into England the administration of arsenic for this malady, and the preparation used by him still bears his name. Prejudice against the drug prevented its immediate adoption in France; and it was not extensively used until the non-importation of Peruvian bark during the interruption of commerce by the long continuance of war, compelled physicians to find a substitute for quinia. When peace was restored, arsenic was abandoned, and remained forgotten till recently, when an effort has been made by an army surgeon (Boudin) to re-introduce it.

Boudin, Physician-in-chief of the military hospital du Roull, treats almost all linnemic affections, regardless of symptoms, with arsenious acid. This distinguished French military surgeon says—"After commencing to administer the twenty-fourth part of a grain, I gradually became convinced, with many other physicians who had obtained similar results, that arsenious acid preserves, even at the small dose of one hundredth part of a grain, all its medicinal energy, not only in the treatment of marsh intermittents, but also in that of a number of other diseases. With a single dose of the one hundredth part of a grain I had often removed radically fevers, contracted in Algiers or on the Senegal, which had resisted the sulphate of quina and change of climate."

The following is his formula:—R. Arsenious acid—one centigramme. Combine intimately with one gramme of some inert substance, and divide into 20 papers. Each powder will contain half a milligramme, or the one hundredth of a grain of arsenic.

"This preparation," says Boudin, "is the one which I use most frequently; a powder is dissolved in a spoonful of water, and the solution taken five or six hours before the paroxysm is expected."

In 1842 the results of his treatment were as follows:—

Cases cured by arsenic solely	-	-	-	188
Cases resisting bark and cured by arsenic	-	-	-	57
Cases resisting arsenic and cured by bark	-	-	-	11
Resisting both bark and arsenic	-	-	-	8
Total				264

In 264 cases treated by arsenic, only 19 failed of cure; and 8 of the 19 resisted bark also.

Boudin's present practice is to give the one-hundredth or two-hundredth part of a grain every fifteen minutes several times repeated, desisting ten hours before the paroxysm. Gastric correctives and generous diet complete the treatment.

Herbivorous animals are easily killed by moderate doses of arsenic. Rabbits, horses, cows and poultry fall speedy victims, while carnivorous animals bear enormous quantities of the poison. Reaumer gave one

ounce of arsenic to a bear; the effect was only active catharsis. The inhabitants of countries infested with wolves find that monstrous doses will not destroy these animals; indeed, any quantity capable of being eaten seems to be wholly inefficacious to destroy life. On the other hand, Dr. Desportes found that fifteen or twenty grains of nux vomica would poison a dog of considerable size almost instantly; three times this amount had no injurious influence on a goat, and ninety-two times this amount was necessary to kill a hen. This experiment is reported in the "Thesis de la Faculté de Paris," 1808, No. 54, and repeated on the following year by Magendie with the same result. The nut which is so inoperative upon ruminating and gallinaceous animals, is a most virulent poison for the carnivorous species. Animals of tenacious vitality, as the wolf, fox, raven, &c., which are scarcely affected by arsenic, are poisoned by small doses of nux vomica. Teste, of Paris, first pointed out this physiological law.

E. S.

Attleborough, July 25, 1854.

REMARKABLE CURE OF EPILEPSY.

BY W. A. ALCOTT, M.D.

To the Editors of the Boston Medical and Surgical Journal.

THE subject of prevention rather than cure, has for twenty-five years occupied my attention, as some of your readers well know. Still I do not wholly escape the charge of patients, especially in chronic complaints—consumption, scrofula, dyspepsia and neuralgia. My *forte*, however, if *forte* I have, is a peculiar treatment of incipient phthisis; in some thousands of cases of which, I have been able to afford essential aid.

But I have taken my pen, now, to give you the outlines of treatment of a case of epilepsy last winter; for it deserves to be recorded somewhere.

Henry W. Abernethy, when twelve or thirteen years old, was severely beaten by a stouter boy, till it was found his skull was injured. Yet, as I believe, no surgeon was called—certainly the trephine was never used. Soon afterwards he became subject to attacks of epilepsy; and in a few months they became frequent and severe, especially during the winter and spring. They were probably aggravated (not induced) by abuses of appetite—especially the *third* appetite.

The attacks continued, year after year, with more or less of frequency, and were evidently affecting both mind and body. The medical art was invoked, especially, in New Haven, Conn., but to no purpose. Botanic medicine evidently injured him. In August, 1853, he went to the water-cure establishment—rather the air-cure—of P. P. Stewart, in Troy, N. Y. Here he remained a long time. The treatment, here, was much exposure of the skin, hand-rubbing, dry packing and occasional bathing. His diet, though ample, was unstimulating. For a few months, he seemed to improve. In one instance, there were no attacks for several weeks. But in December and January they again became more frequent. What should be done? The dreaded February, March and April were to be

passed through, and the fits were threatening. They occurred almost weekly, or quite so—in one instance twice a day.

He came under my special care about Feb. 1, 1854. I saw there was a close connection between excess and irregularity of diet and the paroxysms. The third appetite he had already brought into subjection, and was suffering no after consequences. The main indication of cure, therefore, was to proclaim and enforce martial law to the stomach and palate, at the same time keeping up a measure of the old treatment, especially friction, dry packing and warm and cold bathing.

I stood by him fifty-five days—never left him during the time, except during one meal. In this whole time he never had an attack, nor even the usual vertigo which sometimes preceded, and which sometimes in former days had threatened, but did not bring with it an attack. In short, he has not had the slightest vestige of his disease from that day to this, or at least from that day to the date of a recent letter containing the following lines:—"Five months and a half without a symptom! I have not the slightest feeling of them. Far from it."

He is now at work, in moderation, on a farm, in Woodbury, Litchfield Co., Conn. He still follows the directions with regard to diet and regimen, but I am not so rigid with him as the case demanded at first. He used to be subject to attacks of numbness or dizziness between his paroxysms. I have seen it require the friction of two or three persons to restore him. But nothing of this has occurred since Jan. 30, 1854. Before March last, he had never been able to walk over six miles a day in his life. On the fiftieth day of my treatment, he walked ten miles in extreme cold, almost without stopping. He is not strong nor fleshy; but is slowly improving. And he was worth saving, and so are thousands that might be saved in a similar manner. I do not wish to be understood as saying that all epileptic patients can be saved—above all, in this particular way—for I know better. I only say that many may be saved—and in this very way; I believe thousands.

Some of your readers may be glad to know the particulars of the treatment in this case. And yet such are few. Nine in ten will either yawn over them, or cry "Grahamism!" But the truth is, that the treatment transcended all ordinary Grahamism; and would not generally be submitted to by physicians or patients. They would say that the remedy is worse than the disease. Few people are willing to pay the price of recovery from chronic disease, even if physicians were anxious to cure them. The world is not yet in earnest to seek health. It is yet a gaming table—where money, women, office, or paradise is played for. And what is not demanded, will not be had. When people can be trained to be healthy enough to know the worth of health, then health—like the millennium—will come; and not a single day before. We may pray for it, but we must also work for it.

But unless I have evidence—greater than I now possess—of a desire for details in such cases, the following is all I will add.

When I saw clearly the connection between Henry's attacks of epilepsy and the state of his stomach, I said thus: "Now, Henry, as you are going on, you can never be any body, either in this world or any

other. You may not—you probably will not—immediately die. You may live many years ; but, depend upon it, you never can be good for anything. But you are worth saving, and probably *can* be saved ; though not by medicine or water-cure. It will, however, cost you a hard struggle. But I will stand by you, if you will make the effort. What do you say ? Are you ready for a strong grapple with the disease, and to try to see whether you and I, together, can worst it ?”

He was about seventeen years old, sensible—peculiarly so ; and tolerably intelligent. His eye brightened. He said he was ready for the onset. He wished to live and be useful, both for his own sake and for the sake of his friends.

I then made my conditions. They were few and simple, but I think pertinent. I did not stipulate for pay—perhaps I erred here. It would have increased his faith, and “according to your faith be it unto you,” is as applicable, in doctoring the body, as the soul.

Henry accepted the conditions. We shook hands, and he started in the race. It was for his life. He was pretty true to his pledges, and seldom complained. In a few instances he demurred, and in one or two he was irritable ; but he afterwards repented and confessed. Once or twice he ate some candy between meals ; but of this, too, he gave evidence of repentance. The results of the experiment I have already stated, thus far. As to the future, I can only say, that if he continues to obey the *higher law* I have put him under, he will live and get entirely well ; though he may never be a Sampson or a Hercules. But if he disobeys, he must die—a condition, however, which is imposed on us all, sick or well—here or in any other locality—in this world or in the world to come.

Auburn Dale, July 28, 1854.

THE LATE DR. WALDO I. BURNETT.

[IN accordance with a vote passed at a late meeting of the Boston Society of Natural History. Professor Jeffries Wyman, of Cambridge, read to the Society a notice of the life and writings of the late Dr. Burnett, of this city, which has been published in the *Daily Evening Traveller*. Mention was made, in a previous number of the *Journal*, of the death of this young and distinguished naturalist, and we gladly devote all the space we can spare in to-day's *Journal* to a few brief extracts from Dr. Wyman's just and feeling tribute to his memory.]

WALDO IRVING BURNETT was born in the town of Southboro', Mass., July 12th, 1828. His father (the late Dr. Joel Burnett) was a man of distinguished excellence in his profession, and to the qualities of a good and useful citizen united those of an ardent lover of nature, of whose works he was a close and faithful observer. Botany and entomology especially received his attention, and without the aid of genial spirits, or the intercourse with kindred minds, was studied with no ordinary zeal during the few leisure moments which were left him after the demands upon his time by a laborious profession had been satisfied. His love of

nature was transmitted to the son, and was manifest in early boyhood, when the observation and study of insect life took a strong hold upon his mind. His father experienced a just pride in witnessing these tendencies; but in place of encouragement, which he at first extended with delight, he was soon, though reluctantly, obliged to substitute restraint. His son's mind was too intently absorbed in his pursuits, and fears were excited lest his studies, prolonged into hours stolen from the usual period of repose, should be attended with disastrous results to his physical constitution. His passion, however, grew with his growth and strengthened with his strength, and in the face of all obstacles, through health and through sickness, from an early youth to his early grave, it was never abated.

He had not the advantage of a collegiate education; this he chose to forego, not from any indifference to its value, but from a sensitive unwillingness to subject his father to any unnecessary expenditure of his means. He gave early indications of great mental activity, and mastered with ease all the studies of the Academy; in mathematics, especially, he was unusually proficient, and drew from his teacher the confession that in this department he was no longer capable of giving him instruction; and it was the habit of other teachers in the neighborhood to send to young Burnett for the solution of difficult questions which they themselves were incompetent to master. Almost without assistance, at a later period, he made himself familiar with the French, Spanish and German languages, and during the latter part of his life had made some progress in the Swedish.

At the age of sixteen he had become thoughtful beyond his years; and then commenced the development of those tendencies in his mind which ever afterwards were so conspicuous, and which continued to exert a controlling influence; viz., the desire of gaining an insight into the nature of things, and of forming philosophical ideas and conceptions of natural processes, conceptions and ideas which can be obtained only by the exercise of the higher powers of the mind. Mesmerism, materialism and theological questions occupied his thoughts, and were frequently written upon and discussed by him. On all of these he manifested independence and continuity of thought, and persistence in whatever direction his mind was turned. It was at this early age that his interest in the study of medicine commenced, when he accompanied his father in his professional visits, and witnessed the effects of disease, as manifested in the examination of bodies after death. Entomology now especially engrossed his thoughts, and nearly all his leisure moments were occupied in collecting, studying and classifying insects. While yet in his sixteenth year his father died. This event materially changed his prospects, and was met with firmness and decision, and in the course of the following year, finding that something must be done for his support, he commenced teaching school, and at the same time gave his attention to the study of medicine.

The subsequent years of his student life were spent under the direction of Dr. Joseph Sargent, of Worcester, with whom there grew up warm mutual personal regard and friendship; in the Tremont Medical School

in Boston, which has given to the profession so many zealous and productive laborers in medical science ; and in the Massachusetts General Hospital. He was ardent and industrious as a medical student, but never allowed his attention to be withdrawn from the study of nature, the microscope becoming his constant companion, and a source of never-failing pleasure. As evidence of his ability it may be stated that in two successive years he gained the annual prize offered by the Boylston Medical Society. The subject of the first essay was *Cancer*, treating especially of its microscopic structure ; and of the second, *The Sexual System, or the production of being considered as to its physiology and philosophy.*

In 1849, at the age of 21, he graduated in medicine, and soon after visited Europe, where his attention, especially at Paris, was given almost exclusively to natural history and microscopic observation. The expectations of intellectual progress which he now looked forward to with so much interest, were soon doomed to severe disappointment. It was in Paris that he received the first serious warning that consumption, the disease which eventually destroyed his life, had already marked him for its early victim. After an absence of only four months, he re-embarked for America to receive the benefit of a more genial climate in one of the Southern States, and each successive winter he passed either in Carolina or Florida, in order to avoid the inclement and uncongenial climate of New England. He had now no permanent location, was constantly shifting from place to place, to mitigate, as far as possible, the steady progress of his disease. Everything seemed adverse to anything like connected study. Nevertheless, it was during these few unsettled years that he accomplished an almost incredible amount of intellectual labor. He was incessantly occupied with his microscope ; his mind was ever on the alert, and he allowed scarce a day to pass without some observation, without something added to his stock of acquired knowledge.

In the winter of 1851 he delivered, at the Medical College in Augusta, Ga., a successful course of lectures on microscopic anatomy. In the summer of 1852 he prepared the principal work of his life, the Essay which received the prize from the American Medical Association. His two former prizes were competed for only by his fellow students ; but the third, it is no small praise to say, was open to the competition of the whole medical profession throughout the country. * * * *

A few days before he died our late associate returned, after a winter's absence, to the home of his family. his bodily health exhausted, his energies prostrate. At first he entertained the hope that, as before, rest and quiet might restore him partially at least, to his usual health, and that he might yet have another opportunity of continuing those labors which he so fondly cherished ; but his fast-declining strength, the anxiety of those around him, the announcement of his physician, and his own quick perceptions, soon told that life was drawing to a close, and that for him the great moment was near. In all this he was calm and serene, conversed on the approaching separation without faltering, gave utterance to expressions of deep affection to those who were bound to him by the ties of kin, uttered his prayer for forgiveness, and expressed the solemn conviction, which now rose paramount to every other, that if there yet

remained much for him to live for, there was yet far more to die for. On Saturday morning, July 1st, a few days before the completion of his 26th year, he died.

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BOSTON, AUGUST 9, 1854.

Microscopic, Anatomical and Physiological Specimens.—By the politeness of Dr. Silas Durkee, we have been permitted to examine a series of microscopical specimens of minute anatomy, which he has had in preparation for the last three years. They number between one and two hundred, and have been prepared and mounted in an exquisite and artistical manner, fully illustrating the structure of every tissue in the human body, from the earliest period of embryotic life to adult age. The preparations are not confined to a single illustration of any one organ or tissue, but they are a series of views of them in various positions. The serous covering of the liver, and the vessels which permeate it, finely injected, are most beautifully shown. Then we have another specimen, which reveals the true structure of the liver, consisting of the inter- and intra-lobular veins, Glisson's capsule, and the whole portal system. The Malpighian bodies in the kidneys, together with the tubuli of the uriniferous apparatus, are remarkable fine specimens, far exceeding any thing of the kind we have ever seen. Many preparations of the eye, with its appendages, such as the muscular fibres of the crystalline lens, the pigment cells of the tunica choroidea, the ciliary processes, iris, meibomian glands, &c., were exhibited with fine effect, clearly elucidating the mechanism of that delicate organ which has been the theme of the poet and the admiration of the physiologist. Bone, with and without its earthy matter, some of the specimens finely injected, others not injected; nerves, and the capillary system, were also shown in all the minutiae of their structure. In fact, the whole series examined were most beautiful; their nice dissections and fine injections cannot be excelled; and they will serve as a monument of the skill, patience and industry of Dr. Durkee in after times, and may be considered as valuable contributions to physiological science.

Premature Burials.—Within the last month, our attention has been called to several paragraphs in the newspapers, relating instances of persons having to all appearance died, and when on the point of burial, and in one case after burial had taken place, returning to life. We are not disposed to discredit all these statements, for some of them are doubtless correct in every particular; but we regret that the recent cases are not authenticated by the attending physicians. In some parts of Germany it has been the custom, for many years, to place the dead, previous to burial, in a building wherein is kept a constant watch day and night for a certain period, in order that, if there should be any sign of returning consciousness, the means might be immediately used to further restore life. But we understand that there has never been a single instance recorded, of any one coming to life in those repositories, after having been placed there as dead. It is decidedly proper, in cases of suspended animation, or where there rests an uncertainty as to

the departure of life, to wait a reasonable length of time before allowing a body to be buried ; for there are few situations more horrible than to awake from a lethargic sleep within the narrow confines of a tomb.

Commissioners of Lunacy, for the State of Massachusetts.—In accordance with a resolve of the last Legislature, the Governor of Massachusetts has appointed the Hon. Levi Lincoln, Dr. Edward Jarvis, and J. Sumner, Esq., Commissioners of Lunacy for the State. They have entered upon the duties assigned them, and have issued circulars and blanks (we presume to physicians in all the towns and cities throughout the Commonwealth), requesting their co-operation in the inquiries under consideration. The resolves, authorizing this commission, read as follows :—

“*Resolved*, That his Excellency the Governor, with the advice of the Council, be requested to appoint three Commissioners, to ascertain and report the number and condition of the insane in this Commonwealth, distinguishing, as accurately as may be, between the insane, properly so considered, and the idiotic or *non compos*, and between the furious and harmless, curable and incurable, native and foreign, and the number of each who are State paupers ; also to examine into the present condition of the hospitals of the State for the insane, what number of patients can properly, and with due regard to their comfort and improvement, be accommodated in said hospitals, and what further accommodations, if any, are needed for the relief and care of the insane, and generally to examine and report the best and most approved plans for the management of the insane, so far as the size and character of hospitals, and the number of patients proper to be under the management of one supervision, are concerned. And whereas the present condition of the State Lunatic Hospital at Worcester is represented by the Trustees thereof to be such as renders it altogether unsuitable and unsafe for the purposes for which it is used, without the expenditure of a large sum of money, and that a much more eligible location for a hospital can be selected.

“*Resolved*, That said Commissioners be authorized to consider the expediency of disposing of the present State Lunatic Hospital at Worcester, and the lands therewith connected, or any part thereof, and of recommending a site for the erection of a new hospital or hospitals.

“*Resolved*, That said Commissioners be directed to report to the Governor and Council, on or before the commencement of the session of next General Court, and to accompany their report with plans and specifications, and estimates, of cost of any new hospital which they may recommend, or of any repairs which they may judge to be necessary to the existing hospital ; also to report the estimated proceeds of the sale of the present hospital and property therewith connected, if they deem such sale desirable.”

Place of Meeting of the American Medical Association.—The editor of the Memphis (Tenn.) Medical Recorder recommends that the place of meeting of the Association, at its annual sessions, be permanently fixed—not only for the purpose of avoiding the constant strife engendered by fixing, each year, upon the next place of meeting, but for the convenience of the profession as a whole. He suggests that Washington City be hereafter the place, and that the American Scientific Association hold their meetings at the same place, a few days earlier or later. Many

advantages would be secured, and some inconveniences avoided, by such an arrangement, and we hope an effort will be made next year to have it adopted.

Diarrhœa as a Precursor of Cholera.—In addition to the evidence already in possession of the faculty, that cholera seldom occurs without the premonitory symptom of diarrhœa, more or less severe, two important proofs are referred to in the last number of the New York Medical Times. One is a letter from Dr. MacLoughlin to the Registrar-general of England, stating that in 1849, 3902 cases of cholera were examined into, and not one was found where the disease had come on without being preceded by diarrhœa. The other is a letter from the same gentleman to Dr. Mott of New York, dated in December last, in which he says that in 900 deaths from cholera which had taken place in London during the preceding four months, not one had occurred without the previous existence of diarrhœa, which had lasted from some hours to several weeks.

Cure by Nutrition.—This is the caption to certain advertisements in the public journals, emanating from a sect of practitioners of the healing art, who pretend that a new principle has been discovered in the treatment of disease, which they call the "*nutritive principle*." We cannot say more at present respecting this pretended discovery, than to refer to a case which has lately come under our own immediate observation. The facts are simply these. For the last seven months we have had a patient with organic disease under our care. He gradually failed; and when death seemed inevitable, the friends were anxious to adopt some other mode of treatment, and one of the doctors or professors in the new school was consulted. He said he could cure the patient, but before he attempted it, he must have his fee, *forty dollars*, or security for the same. It was obtained and given to him, and in return a document was prepared and given to the patient, containing the formulæ for preparing the nutritive fluids. It had very much the appearance of a bond or deed, for the conveyance of real estate—beginning with, "Know all men," &c.; and terminating with, "to have and to hold for his special use, and for the permanent restoration of his health," &c. The fluids themselves were harmless, and could have done no injury to the patient, although he thought he felt worse after taking them; but it is the receiving of money for such a useless and worthless document, especially under the peculiar circumstances of the case, that we, as well as all honorable men, have a right to complain of. It is one of those cases, however, that the laws cannot reach, without further legislation, and it is therefore the duty of the press to make known transactions like the above. The patient has since died, notwithstanding the prescription and bond given for the "permanent restoration of his health."

Sickness at the Massachusetts State Prison.—Week before last quite a large number of the convicts confined in the State Prison at Charlestown, were suddenly taken down by a sickness resembling cholera in its symptoms. At one time there were 112 of the prisoners in the hospital. Owing to the prompt measures and skilful treatment of the attending physician, relief was soon afforded, and we learn that none of the cases proved fatal.

It is said that the cause of the choleraic symptoms was the eating of soured mashed potatoes by the prisoners.

Some of our readers will recollect that a similar disease suddenly attacked the inmates of the same institution at the time the cholera first appeared among us, in the summer of 1832. Within twenty-four hours 115 were then attacked, and others afterwards, but not one died. A full account of it may be found in our 7th volume.

Medical Miscellany.—Dr. E. M. Graham, who recently murdered Col. Loring, at the St. Nicholas Hotel, New York, is represented to be a medical practitioner of New Orleans.—A woman in England has just had her 25th child.—Dr. Cottman, a native of Maryland, is now on a mission from the Emperor of Russia to this Government.—Cholera is still exceedingly destructive at the West, some sections of the South, and in the British Provinces.—Yellow fever has again been developed at Havana. It seems as though the disease had assumed a more terrible type than ever, the past two years.—There were born in London in the last week of May, 860 boys and 787 girls; during the same time there were 1143 deaths.—Gov. Crosby, of Maine, has appointed Dr. H. J. Cummings, of Portland, State Assayer, under an act passed by the last Legislature, creating said office.—The smallpox is prevalent at East Randolph, Vt., so much so that two pest houses have been established in the place.—During a violent storm which lately burst over Paris, the electric fluid entered a room in which was seated a man who had long been suffering from paralysis which deprived him completely of the power of speech. It set fire to the bed-curtains and did other damage in the room; but instead of injuring the infirm man, it restored him to his speech and health.—Dr. Bard, of Savannah, has used the mur. tinc. of iron in scarlet fever, with great success, in doses of from five to eight drops in mucilage every four hours.—The bitter taste of quinine may be disguised by mixing it, or rather enveloping it in the middle of a tablespoonful of very thick mucilage of slippery elm.

PAMPHLETS RECEIVED.—A Catalogue of the Alumni, and of the Trustees and Faculty of Castleton Medical College, since its establishment in 1818.—A Report by the City Registrar of the births, marriages and deaths in the city of Roxbury, for the years 1851, 52, and 53.

MARRIED.—David Myerle, M.D., of Harmaton, Pa., to Miss M. J. Burgess, of Boston.—Dr. H. Hatch, of New York, to Miss Chase, of Boston.—August 1st, E. S. Durgin, M.D., of Lowell, to Harriet Jane Stratton, only daughter of Austin Stratton, Esq., of Albion, Maine.—At Oyster Bay, Dr. T. F. Cornell, of New York city, to Libbie W. Ransom.—At Kennebunk, Me., Benjamin Johnson, M.D., of Dover, to Mrs. Eliza Chadbourne, of K.—In San Jose (Cal.) Dr. Wm. H. Wells, to Miss Sarah Woodward, both of Santa Clara.—In this city, Dr. Charles H. Hildreth, of Gloucester, to Miss Annie M. Dawley, of Doston.

DIED.—In New Bedford, Dr. Jonathan Sweet, aged 44.—In Windsor, Vt., Dr. Lawrence Hubbard, aged 62.

Deaths in Boston for the week ending Saturday noon, Aug 5th, 131. Males, 64—females, 67. Abscess, 2—accident, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 3—inflammation of the brain, 2—disease of the brain, 3—congestion of the brain, 2—cholera morbus, 1—consumption, 15—convulsions, 8—cholera, 23—cholera infantum, 12—croup, 1—cancer, 1—dysentery, 10—diarrhoea, 1—dropsy in the head, 2—debility, 3—in acute diseases, 6—exhaustion, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 1—hooping cough, 2—intemperance, 4—inflammation of the lungs, 1—marasmus, 4—measles, 1—old age, 2—palsy, 2—pleurisy, 1—teething, 8—ulcers, 1—worms, 1—unknown, 1.

Under 5 years, 62—between 5 and 20 years, 6—between 20 and 40 years, 32—between 40 and 60 years, 16—above 60 years, 15. Born in the United States 89—Ireland, 35—England, 2—British Provinces, 1—Germany, 2—Scotland, 1—Cuba, 1.

Suffolk District Medical Society.—The Suffolk District Medical Society held its monthly meeting on Saturday, July 29th, at 8 o'clock, P. M.

Dr. Silas Durkee exhibited a case of lupus exedens. The patient, a man of middle age, had had the disease four or five years. Dr. D. remarked that the application of the acid nitrate of mercury was followed by granulations, but in the course of a few days they would disappear, and the disease resume its former appearance. Dr. D. regarded the case as presenting the most obstinate form of this disease. Dr. Durkee exhibited also several specimens of microscopical anatomy, prepared by himself, showing the various tissues of the body. The veins which accompany the uriniferous tubes, the Malpighian bodies, the muscular rete of the skin, the mucous membrane of the stomach, were beautifully and distinctly shown, as also the muscular fibre surrounded by its capillary vessels.

Dr. Parkman exhibited two specimens of morbid anatomy; one a small encysted tumor removed from the eye-lid; second, disease of the knee-joint of eighteen months duration. The cartilages covering the condyles were extensively ulcerated, and had degenerated into a soft pulaceous mass.

Dr. Bowditch alluded to a case of disease of the lungs, which had recently passed under his observation. The patient, a young man, student, had been exercising his voice by speaking aloud in the open air, for some time. He complained only of a slight soreness of the chest, and a degree of lassitude. There was no cough, no loss of appetite or strength. The digestive organs were sound, and the function of the kidneys well performed. Judging from rational signs, should not have thought necessary to examine him, but as he came for that purpose, did examine him thoroughly, and found to his surprise a slight crepitation in the lower third of the left lung. Dr. B. remarked that he had met with a similar sign in two or three cases which were followed by hemoptysis, the formation of cavities, and ultimately by death. The sign might mislead one to suppose the case to be pneumonia, but the absence of cough, rusty sputa, with a natural skin and regular pulse, would preclude the supposition, and he was inclined to believe them acute cases of tuberculosis. Dr. B. remarked that the case was valuable as showing the importance of always making an examination of the chest.

Voted, to adjourn to the last Saturday evening in September.

Turpentine in Diarrhœa.—The following case of successful treatment is related in the Chicago Journal. The patient was a girl 3 years and 2 months old; had been under treatment of some kind for some time, without effect. The child was found lying on a cot, breathing rapidly, and with a death-like countenance. A napkin had just been removed, and the discharge contained nothing except mucus and muco-purulent matter. Two teaspoonsful of turpentine were prescribed, one-third of which was lost in the exhibition. An ounce of turpentine was mixed with three ounces of gruel, and injected into the bowels; and a flannel was moistened with turpentine and wrapped round the body. In a short time the child was found breathing easily and sleeping sweetly, although the surface was literally as red as a lobster. There was no further difficulty. A few drops of turpentine three times a day for four days, arrested the mucus and muco-purulent discharges, and a few doses of hydrarg. cum creta completed the cure.—*Memphis Medical Recorder.*

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No. 3.

LIGHT AND POISON : GAS AND HEALTH.

[THE following statements and suggestions respecting one of the sources of impurity and ill health in large cities, are from the *Lancet*, published in London, and have particular reference to the state of things in that city. They possess, however, a general interest, and are worthy of attention, in a preventive point of view, in our less populous but growing cities.—ED.]

How Londoners contrive to live is a physiological problem. Theory tells us that the functions of the animal economy are sustained in health by the influence of external agents brought into relation with the body in a state of purity. Experience demonstrates to us that the population of this huge metropolis carry on their existence, although possessing none of the elements of life in purity. During a period of four years our Analytical Sanitary Commission has been engaged in exposing the multifarious and extensive adulterations of that class of our aliments which recruit the body through the stomach. Its labors are far from exhausted. Is there any solid or liquid that we can eat or drink with a well-founded security that it is either unsophisticated or wholesome? The water we drink is a chemical and mechanical filtrate, prepared with a very distant approach to the successful elimination of ingredients that do not enter into the philosophical definition of the element. The source whence we still continue to draw one of the first necessities of life is the Thames, which in its ebb receives the unspeakable abominations discharged from the houses of the inhabitants, abominations which in their flow are brought back again in a full tide of seething corruption. If we shun the pestilential banks of the river, we seek in vain for a purer air in the distant streets.

Perhaps the most pleasing, and certainly the most striking and comprehensive plan of acquiring a distinct impression of a large town is to ascend a neighboring eminence, and to survey it as it lays extended as on a map, or model, under our feet. If a stranger wish to inspect the giant city after this fashion, and determine to climb to the top of St. Paul's or Highgate-hill for the purpose, he must not only choose his day well, but also the hour. He must rise early. There is only time for a glimpse. Soon after fire-lighting has begun, the coal-smoke belching forth from 300,000 household chimneys, and no end of factories, gathers

rapidly into a cloud, denser and denser, and effectually intercepts the vision of the observer. The smoke, which hangs like a pall over the streets, filling every avenue, is not only a stifling nuisance in itself, but it serves as a convenient medium for the suspension and retention of every other noxious exhalation. The Legislature has decreed that this nuisance shall be abated as far as concerns the smoke from factory chimneys. Dr. Neil Arnott, the man to whom the world is indebted for so many additions to the conveniences of life, has contrived a domestic fire-grate, which, if universally employed, would have the effect of arresting those numerous petty columns of smoke, which contribute in the aggregate a not inconsiderable contingent to the great London cloud. We earnestly trust that the executive will enforce what the Legislature has ordained, and no less earnestly, that the inhabitants of the town will, by the adoption of Dr. Arnott's new stove, do that part which it depends upon themselves to perform.

The very soil is sodden with every kind of compound that can revolt the senses and engender disease. Wherever the outer crust of granite is lifted up for a temporary purpose, the black loam that is brought to sight, and the asphyxiating vapors that arise, are suggestive of leaking sewers and gas-pipes, and the accumulation of everything that is foul and loathsome. The daring skill of the chemist has sought to explore and define the constitution of this artificial soil. Recent researches in this new field of geological investigation, show that there are different strata and different kinds of detestable formations. As a general rule, the lower strata consist of more or less solidified mud, collected by the builders and road-contractors as the first and most appropriate foundation for houses and streets. This diluvial compound is always maintained in its original state of putrescence by the constant oozeings from the drains and sewers which intersect it. The upper strata of the great London eocene deposit vary somewhat in their nauseating characteristics from the lower. In the upper strata, nearer the surface, run the gas-pipes; and, from this source, exudes copiously a peculiar venom. The wan and haggard aspect of the unhappy men whose perilous vocation it is to turn up the reeking filth, betrays the effect of the poison upon the system when inhaled in a state of concentration. Is it not worth while to consider what may be the effects of the emanations of this poisonous bed when slowly distilled from the surface, and brought into the general atmospheric circulation of the town in a somewhat diluted form? It is rendered probable, by positive examination, that a cubic foot of earth, when taken indifferently from almost any part of the streets under the pavement, contains enough deleterious compounds proceeding from gas leakage, to poison a strong man. Dr. Letheby has shown that this proportion is constantly and rapidly on the increase. He foretells that a period is at hand when it will be absolutely dangerous to disturb the ground.

Public opinion has been directed with some success against those isolated plague-spots, the intramural graveyards. It is now discovered that the entire superficies of the metropolis is a poison bed. It has become a momentous question to determine what measures can be adopted,

if not to purify the earth upon which we dwell, at least to arrest in time its further contamination. That portion of the Augean task which consists in stopping the escape of sewerage, we suppose we must leave to the good intentions and the leisure of the commissioners of sewers. The preservation of the upper strata from further pollution rests chiefly with the gas companies. It is not a matter of doubt that the chief source of the poisonous contamination of the soil is the gas that permeates the tubes in which it is carried for distribution. The gaseous materials escaping from the pipes before consumption are condensed into various horrible compounds with the earth. The chemical elements of these compounds are encountered in other forms during combustion. Whether under the ground or above it, coal gas, which should bring nothing but light, heat and cheerfulness, is ever evolving the most health-destroying emanations. Tried at the burners, the gas, now so universally consumed, is proved to be as pernicious as while circulating in the mains. Dr. Letheby has recently laid before the city commissioners of sewers the results of his examinations into the illuminating power and chemical qualities of the gas supplied to the city of London. It is not our present purpose to consider the different illuminating powers of the gas supplied by the different companies. We will, however, call attention to one remarkable fact. On comparison, we observe that the illuminating power bears a constant inverse proportion to the amount of poisonous contamination: in other words, the defect in the element of light is made up with compensative liberality by the gratuitous supply of ammonia, sulphuretted hydrogen, and bisulphuret of carbon! If the gas escape by leakage from the house-pipes, the deleterious compounds we have just named are those which poison the atmosphere. When the gas is burned, we are inundated with poisonous fumes of a different nature. The sulphur compounds are partly converted into sulphuric acid. The vitriolic vapor is diffused throughout the air in quantity sufficient to corrode whatever is corrodible; and therefore we may fairly assume in quantity sufficient to exert the most deleterious influence upon the constitutions of those who are doomed to inhale it. Dr. Letheby has found that the purest gas burned in London yields no less a proportion than 8.7 grains of anhydrous sulphuric acid to 100 cubic inches, whilst the foulest gives out 13.9 grains! These astounding quantities have been actually separated by chemical processes. But the agency of the corrosive fluid has been amply traced by inspection of the various goods and articles of furniture exposed to its influence. It was discovered, some years ago, that the books in the library of the Athenæum Club were undergoing rapid destruction: the cause was traced to the sulphuric acid formed during the burning of the gas. A contrivance of Prof. Faraday's, whereby the products of combustion could be collected and prevented from being diffused in the apartment, was adopted. The liquid so collected is an intense vitriolic solution. It is found to contain an ounce and a quarter of sulphate of copper to the pint, the copper being derived from the ventilating tube. In the summer of 1842, a committee was appointed by the Athenæum Club to investigate this subject. Dr. Prout reported that he had taken two equal portions of the water used in the house,

and had exposed one of these for a fortnight to the air of the drawing-room of the establishment. He found that it acquired a striking increase of sulphuric acid, so that when it was evaporated nearly to dryness it distinctly reddened litmus. Dr. Letheby has examined some of the books injured by the fumes. Wherever these have been exposed they are as rotten as tinder. He relates that almost the entire library of the Earl of Tyrconnel, at Kilpin, has been destroyed in a similar manner. He tells us that in the library of the College of Surgeons there are hundreds, if not thousands, of books, the backs of which are completely rotten from the same cause. Lest it should be considered unproved that the books had been destroyed in this manner by sulphuric acid, Dr. Letheby put the matter to the following conclusive test. He has ascertained, that while the leather on the sides of the books is uninjured, that on the back is completely rotten; this is dependent on the circumstance that the atmosphere is excluded from the sides by contiguity, while the backs are freely exposed. It is accordingly found, that a scrap of leather taken from the back of a book yields a notable proportion of sulphuric acid. Dr. Letheby again says, "Dr. Christison, the well-known author of our best English treatise 'On Poisons,' informs us, that the gas in Edinburgh kills all the plants in the rooms of that city; even a bouquet undergoes rapid withering if shut up in a room for some hours where gas is burning freely.....In addition to this he states that the curtains in the upper part of the room are apt to go." It is not possible, adds Dr. Letheby, to examine a single fabric in London without finding it charged with a greater or less proportion of sulphuric acid.

If such be the result of experiment upon the *corpus vile* of inanimate matter, we will ask, what are the effects of this volatilized vitriol upon the lungs of the thousands upon thousands of unfortunate persons helplessly condemned to breathe it for many hours every day? What are its effects upon the chemical and vital properties of the blood? We have here a great fact that cannot hereafter be overlooked in the study of the etiology of diseases. We commend this subject to the special consideration of the committee on industrial pathology lately appointed by the Society of Arts.

How is this intoxication of the atmosphere, blighting everything animate and inanimate, to be avoided? Dr. Letheby points to three modes: the first is directed to the manufacture of the gas; the second, to its purification; the third, to a more perfect system of ventilation. He observes that gas is manufactured from materials which are known to contain a large per centage of bisulphuret of iron, and that, although much attention has been directed to the purification of gas from one or two of its impurities, little or no notice has hitherto been taken of the most important of all—namely, bisulphuret of carbon. He suggests that it is advisable that gas should be burnt outside the room whenever it is practicable, and when this is not the case, that the products of combustion should be conveyed away by a special contrivance.

We believe that no care in the manufacture or subsequent purification will ever supersede the necessity of ventilation. Some noxious products will always be emitted on combustion. We strongly insist that the

first thing necessary is to improve the manufacture. If gas be originally prepared for distribution free from the contaminations at present observed, the mischief will be materially lessened at the very source. And it must be obvious that ventilation during combustion can have no effect in abating that antecedent nuisance which is now progressing without let or hindrance, and converting the soil of our streets into a common receptacle for the refuse of the gas works.—*London Lancet*.

PUERPERAL CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

HEALTHY young women of a plethoric habit are, more than others, subject to convulsions, supervening at the birth of their first children. The short-necked, coarse-fibred, are perhaps most liable. In such, if the medical attendant notice mental excitement, giddiness and incoherence in speaking, he may not be surprised at the appearance of convulsions. In the Dublin Lying-in Hospital, but one case of this disease was found among all the preternatural labors that occurred in over 48,000 confinements. This fact might induce the conclusion that pressure upon the os uteri was the cause, but for the frequency of attacks during the complete dilatation of the organ. In the case which I shall report, convulsions appeared half an hour after the birth of the child. In such cases, the causes would appear to be the excitement and irritation produced upon the nervous system by the *entire labor*; also, that if a patient is attacked at any stage of the case before termination, it would appear that up to that point the irritation had been sufficient to cause them; that if attacked after the termination of the labor, the excitement had not been great enough until all the stages of the delivery had been experienced; that the irritation from half a labor would cause convulsion in the more predisposed, while the entire process was required for it in others. The susceptibilities of the constitution in these cases are governed by the same rules that regulate them in other diseases. If we have fever diathesis or predisposition, an adulterated miasm will cause an attack. It would require the severest torture to induce tetanus in some; only the prick from a pin in others. There are constitutions, doubtless, in which no degree of irritation upon any organ of the thorax or abdomen could produce spasms, either during confinement or childhood, by any impression upon the brain; in which organic sympathy is so obtuse that the effect is not conveyed beyond the *point d'appui* of the cause. In women of this constitution, we find local diseases; in the telegraphic temperament, general debility, on account of the facilities of communication. The latter is the best constitution, unless it be over sensitive, because the whole economy shares the irritation. This view of the causes is substantiated by autopsies, which reveal nothing but the effects of the labor in the region of suffering, in the form of peritoneal inflammation, &c. It is believed that some cases of fatal convulsions have occurred in instrumental labors, where, if the additional irritation from forceps had not been present, a favorable termination would have occurred. This is corroborated by fa-

vorable terminations to cases in my practice, in which, from the convulsive temperament, the instruments were dispensed with in protracted labors. It may be said that by the forceps, although causing a greater degree of irritation during application and use, the child is born sooner, and the strength of the mother, which is anti-convulsive, is retained. By the protraction, without their use, however, the patient is reconciled to her suffering, the parts are *gradually* relaxed, and the irritation *does not reach the acme* that the forceps create. In the interim the strength is maintained by nutriment, and encouragement from the obstetrician. The exhibition of ether would probably prevent some cases of convulsion. The difficulty of arriving at the benefit of it, is probably owing to the fact that when accoucheurs decide in regard to inducing anæsthesia in labor, they only resolve to give it when all indications conspire to make it advisable. It would be of use in every variety of convulsion. In the hysterical its efficacy is very apparent. In those cases where there is plethora and strong tendency of blood to the head, it is of service in warding off an epileptic attack, by moderating the mental action and thus diminishing the accumulation of blood. This would agree with what Dr. Dewees makes the immediate cause of convulsion appearing at the time of delivery, viz., the parturient effort. We know how far many organic functions are influenced by the action of the mind; how in surgery ether saves weaklings who could not have survived the great exertions of the will in submitting unetherized to important operations. Respecting the use of ether it would not be an unwise precaution for the accoucheur to always carry along a bottle of it, although the proportion of cases is small in which it is required.

[To be continued.]

QUOTATIONS FROM CARPENTER—REPLY TO DR. B. AND OTHERS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—When I began my series of articles on alcohol as a medicine, it was my intention to define my position by a concise statement of principles, and the presentation of some facts that have come under my own observation, then submit to criticism, and meet any objection that might be worth notice. For this reason I have not replied to some articles in the Journal, in opposition to my views. Indeed, I looked upon it as unnecessary, because the objections were premature, and would never have been made, had the writers waited till they saw and understood my premises. Then, as the main points of my argument were not touched, I did not wish to be drawn from my course by any side issues. As I have been prevented by sickness from going on so fast as seemed desirable in order to keep the subject alive, I have concluded to glance at all that seems to require notice. I now respectfully ask a suspension of criticism, till my regular series is closed, and then it will afford me much pleasure to meet such questions and objections as may be presented. I would also suggest that, for obvious reasons, it would be more pleasant and satisfactory to know the names and address of the writers.

First on the list, comes Dr. B., of Philadelphia. In my article of March 29, while endeavoring to prove that alcohol is not useful as a stimulant in cases of debility, I made the following remark: "The apparent increase of strength is nothing more than the latent nervous energies, aroused for the sole purpose of driving out the enemy from the body. When this task is over, there is still greater exhaustion." Here I merely stated a principle, which has been established for thirty years, and I supposed was now understood by every school-boy. Yet Dr. B. takes me up on that, and says, "by this easy mode of reasoning, it can soon be shown that all medicines are injurious." So, rum is the key-stone to the arch, and the mighty fabric would immediately fall to the ground without it. Well, I, for one, am prepared for the crash. But, to be serious, suppose that it can be shown "by this easy mode of reasoning" that all medicines are injurious—it does not affect my argument in the least. Let every article stand on its own merits. I sincerely hope, if there is any other medicine or class of medicines in our *materia medica*, possessing no greater claim to our regard, than alcohol, that it will very soon fall a victim to this "easy mode of reasoning." But Dr. B. evidently misunderstands me. I do not discard all stimulants. Doubtless all the stimulant *tonics* are occasionally beneficial in arousing the various organs of the body to a vigorous performance of their various functions. The extracts which he made, refer solely to alcohol, a medicine *sui generis*, which I called, not a stimulant, but an *irritant poison*. I expressed no opinion in relation to stimulants, except in cases of convalescence from fevers, merely remarking that I would not take the responsibility of deciding whether any stimulant was ever necessary in those cases.

I shall decline being drawn off from the main subject, to discuss the question whether all medicines enter the circulation. I will say, however, to Dr. B., that I am not entirely ignorant of "late investigations" on this point, but am still of the opinion that the thing is extremely doubtful. Enough for my purpose, however, is known with certainty. There is positive proof that *alcohol* goes through the system unchanged. That it is taken up readily by the absorbents, no one doubts, whatever opinion he may have in relation to the hypothesis of its being taken into the circulation by *endosmose*, after the absorbents refuse to act. Suppose that the "ginger, spearmint, serpentaria," &c., do obey the laws of the latest physiologists, fulfil the expectations of Dr. B., and enter the circulation; there is this material difference—they are not poisonous, and may give a healthful stimulus to the organs and tissues with which they come in contact, while alcohol is a deadly poison, and no part of the human body, not even the external skin, can bear its continued application with impunity.

A word in relation to my extracts from Dr. Carpenter. Dr. B. accuses me of a misapplication of his arguments. If true, it was unintentional, and I am now unable to see my fault. Here Dr. B.'s criticism not only does me injustice, but implies a great error. He says, "that the quotations in the article under consideration, apply to the abuse of alcohol in health, is quite clear; but how it is that any one familiar

with the views of Dr. Carpenter should have so entirely misapplied his arguments, perhaps Dr. Gilman can best explain." A few words will set this right. With the view of proving that alcohol is unnecessary, and even injurious in cases of debility, I quoted Dr. C. to show what was its precise operation on the body in a healthy state. I referred particularly to convalescence from fever, where there is in fact no disease, but simple debility. Is there any unfairness in calculating the effect of a medicine in such a case, from its known operation on the healthy body? If not, then my quotations from Carpenter were fair and exactly to the point. But we are left to infer from his remark that the operation of a medicine upon a healthy body, is no index to its operation on the same body in disease. Then of course in each disease, the operation of a medicine would be different, and could only be learned by actual experiment. This is a new doctrine to me. This rule must have been made for the special benefit of alcohol. I think that there is not an article in the *materia medica* which does not have substantially the same operation on the body, in sickness and in health, differing only in degree. What reason, then, have we to think alcohol an exception to this universal rule? If it is proved that the use of alcohol in the healthy body interferes with the nutritive operation by preventing a perfect elaboration of the fibrine, and prevents the decarbonization of the blood through the agency of respiration, then we may with as much certainty calculate on the same effect in sickness, as we may expect jalap to operate as a cathartic in dysentery, and ipecac. as an emetic in fever.

I would not be understood to say that a medicine which is uniformly injurious in health must necessarily be so in disease. The system may have been brought by disease into that particular state which requires the specific operation of a poisonous medicine to correct it, and yet the operation of the poison be precisely the same as in health; in one case, curative—in the other, poisonous. We think this true of opium, arsenic, strychnia, &c.

And now this brings me to say something of the use of alcohol in typhus fever. I did not introduce Dr. Carpenter to sustain my position. Although he goes farther than most foreign writers against the medicinal use of alcohol, I was aware that he made some exceptions, one of which is typhus fever, as shown in the extract from his physiology, referred to by Dr. B. I quoted him because I considered him good scientific authority for the effect of alcohol on the healthy system. Perhaps it will be found that alcohol is a specific antidote to the typhus poison, and the alcoholic the only successful treatment. That can only be decided by a long and faithful trial. To me, however, the practice looks so decidedly empirical, that I cannot believe Dr. C. to have been guided by any scientific deductions from his own premises in recommending it. He seems rather to have been driven to this special pleading for alcohol, to account for what he supposed to be facts in the statements of others. To me it would not seem a very difficult task to show Dr. C.'s inconsistency. At some future time I design, even at the risk of being jeeringly called a "philosopher," to review Dr. Carpenter's "excep-

tional cases." It is sufficient for my present purpose to remark that Dr. C. does not recommend alcohol in cases of debility. He looks upon typhus as partaking of the nature of a shock, not attended by exhaustion of the nervous energies, but a mere state of oppression; the alcohol acting as a specific stimulus to the nerves.

There is not a shadow of propriety in putting the "mineral and vegetable acids" beside alcohol, and asserting their equal power of "coagulating soluble albumen." There is a wide difference. While alcohol is unchanged by the digestive organs, goes through the system and comes in contact with every delicate tissue in the body, remaining the same poisonous fluid, and forming, not a chemical nor a vital combination with the blood, but a mere mixture—the acids, on the contrary, are digested before entering the circulation and converted into chyle. They are no more acids, but a component part of the blood.

Dr. B., in his closing paragraph, evidently supposing that he had entirely demolished me, calls me a "profound philosopher." Cruel man, thus to insult his prostrate foe! I make no pretensions of the kind. I do pretend, however, that I have some facts and arguments of great importance, and have a right to expect them to be met by facts and arguments instead of sneers.

I wish to remind Dr. Hall that there is one article which I call *the medicine of medicines*, which is decidedly beneficial in health; that is *water*. If this has the virtues awarded to it by the hydropathist, the doctor's rule is upset. Perhaps he will say that water is not a medicine. I presume that all will allow that its claims to our regard as such are at least equal to those of alcohol.

There are some points in J. C.'s article which I should notice, particularly the nature of a drunkard's appetite, but they will come in their proper place, and it would disarrange my plans to attend to them now.

N. GILMAN, M.D.

South Deerfield, Aug. 1, 1854.

TRIAL FOR MANSLAUGHTER—MEDICAL TESTIMONY, &c.

[Communicated for the Boston Medical and Surgical Journal.]

The following case may prove interesting to the profession, as showing, to some extent, the kind of medical testimony upon which criminal prosecutions are sometimes founded.

On the 26th day of July last, Miss E. M. Smith, a beautiful and intelligent young lady, who is engaged in teaching a school in this city, was arrested and brought before Justice Bates, on a charge of manslaughter. Upon the examination it appeared that, upon the 22d day of June, Miss S. had punished a boy (9 or 10 years old) by whipping him with a green switch, about half an inch in diameter at the butt, some two feet long, and tapering off to a point; and that during the whipping some three or four blows fell upon the head, two of which raised small stripes or welts which remained for some four or five days. The teacher was represented as having corrected the boy not in an angry or excited man-

ner, but properly and mildly. No unusual effects were observed upon the scholar at the time. He remained until the close of the school, and spelt in his class as usual. In the afternoon he complained of some headache, and on the next day (the 23d) he vomited and bled at the nose. On the 24th he was at school again. At night he complained of some headache and nausea, and was quite restless. On the 25th he took some patent pills, but got no benefit from them. On the 26th he was confined to the bed, and on the 27th Dr. Grafton was called to see him, and continued in attendance until his death, which took place July 7th. This is the substance of the non-professional testimony in the case. For the prosecution, Drs. Grafton, Ball, Lewis and Wood, were called; and for the defence Drs. Mack, Chittenden, Barrows and Pease. We will give a brief synopsis of the testimony of these gentlemen. Those portions of the testimony of Drs. Grafton and Mack, which are *Italicised*, are to be compared with each other, that their disagreement may be fully noted.

Dr. Grafton sworn.—Was the attending physician in this case. Called, first, June 27th. Patient had no high fever at any time. Saw nothing resembling fever. Skin usually of natural temperature; often cool and sweaty. Pulse at no time frequent and strong; towards the last, frequent and feeble. Tongue had a whitish, or light yellow coat. Bowels rather costive. Vomited once or twice after he saw him. A little delirious once or twice when roused to take drink or medicine. This was only momentary. July 2d had a slight spasm of the arms and legs, which he (Dr. G.) attributed to irritation from operation of physic. No other convulsions at any time. Eyes never suffused or injected. Thought the pupils at one time not so large as they should be, considering the light in the room. Eyes were sensitive to light, and he complained of noise hurting him. Had violent paroxysms of pain in ears and eyes; face would flush, and he would cry out—oh my eyes! oh my eyes! Began to sink into a comatose state on the 5th, and died comatose on the 7th, at 8½, P.M. Conducted the post-mortem. No evidences of external injury. *No passive congestion about the brain. Membranes injected with arterial blood.* Some gelatinous effusion upon the convolutions of the brain. Membranes adherent to the brain at a point on the top of the head, an half inch by two or two and a half inches in size. *Arachnoid thickened at the base of the brain. Adherent to pia mater on the surface of the hemispheres. Six or eight ounces of turbid effusion in the ventricles. Some flocculi of lymph in fourth ventricle. No tubercles in the lungs. Mucous coat of stomach and bowels perfectly healthy. Considered the case one of well-marked inflammation of the membranes of the brain, affecting their entire substance. Symptoms were such as would not be present in any other disease. Pathological appearances unmistakable. The gelatinous effusion could not be produced except by inflammation. Believed the whipping was the exciting cause of the disease; that it must have operated by producing concussion of the brain. Made up his opinion that the blows were the cause of the disease, from the absence of all other causes in this case. Thinks he could have detected any other causes if they had been present.*

Dr. Ball sworn.—Has heard the testimony in this case. Has no doubt that the boy died of inflammation of the brain produced by the whipping. Whipping produced concussion on the brain. *Cross examined*—Been practising some twenty years. Been to California. Is now improving a farm. Preaches some on Sundays. Has no doubt that the blows produced concussion on the brain. Counsel asks—What is concussion of the brain? Witness hesitated a long time, and at last, when the question was repeated, said “they must excuse him, he was so confused he could not tell.”

Dr. Lewis sworn.—Was present at the post-mortem examination. Thinks the case was one of inflammation of the brain, or hydrocephalus. Thinks the blows were the *remote* cause of the disease. Congestion of the brain was arterial. *Cross-examined.*—Arterial congestion all over the brain. Could not tell in what membranes. Could not tell what vessels were congested. Afterwards said he could tell, but would not. Is a regular practising physician. No body’s business whether he ever graduated or not. Finally, said he had graduated at Fairfield. Did not receive a diploma. Students often graduate without receiving diplomas. Counsel here inquired if there were not two methods of graduating, one with white and the other with black balls, and if it was not in the latter method that no diplomas were given.

Dr. Wood sworn.—Has heard Dr. Grafton’s testimony, and fully concurs with him in his views in relation to this case.

DEFENCE. *Dr. Mack sworn.*—Was consulting physician in this case. Had disagreed entirely with Dr. Grafton in their consultations. Considered the case to have been one of bilious remittent fever of a low type. Had advised a gentle tonic plan of treatment. Patient at one time took thirty-five grains of quinine, by his advice, to arrest a chill that was expected in the morning. Thought the patient was decidedly better after taking the quinine. Dr. Grafton refused to continue the tonic and sustaining course of treatment after the quinine was given, but placed the boy upon the use of calomel, morphine, croton oil, digitalis, antimony, wine of colchicum and nitre. He continued this course until the day before the patient’s death. Believes these articles were highly injurious, the disease being one of a low grade of action, with at no time any high vascular excitement. Thinks the patient died of passive congestion of the brain, supervening upon a state of debility; that the persistent use of opium, digitalis and tartarized antimony, had directly tended to this result. Was present at the post-mortem examination. Meningeal vessels deeply congested with *dark venous blood*. Slight gelatinous or jelly-like effusion between the convolutions. Considered this the result of the simple congestion alone. *Might be produced by inflammation, but by itself was not positive evidence thereof.* Thought the small spot of adhesion of the dura mater on the top of the brain not recent. Judged by its firmness, and the absence of any effusion or discoloration in its vicinity. There was no plastic or organized lymph, or liquid or concrete pus found at any time during the examination. *There was no abnormal thickening or adhesion of the arachnoid.* This membrane is thicker at the base of the brain, and it is adherent by fine

cellular substance to the pia mater over the surface of the hemispheres. Fluid in the ventricles was allowed to escape and run out upon the table, mixing with the blood, so that it was impossible to determine its character or quantity. Saw no flocculi of lymph in the fourth ventricle. The lungs were not examined. Mucous coat of stomach much softened. Bowels were not examined. Saw nothing at the post-mortem examination, and had heard no testimony during this trial, that would justify him in attributing, in any way, this boy's sickness and death to the whipping he had received. Inflammation of the brain from external injury would occur directly, in one of two ways. Either traumatic inflammation originating at the point of injury and traceable directly thereto, or inflammation ensuing upon the re-action from concussion, frequently originating at a point remote from the seat of violence and exhibiting upon a post-mortem examination no pathological connection between the external injury and the inflammation which had followed it. In these cases the fact that the brain had suffered from concussive force, must be shown from the character of the symptoms which followed the infliction of the blows. In the case now under consideration there were none of the symptoms of concussion of the brain described as having been present at the time of the whipping, and, in fact, the character of the whip used was such as to preclude the possibility of any such effect having been produced. Even if this case had been (as Dr. Grafton assumes) one of simple acute meningitis, still no man could honestly and intelligently testify to the absence of all other causes except the whipping to have produced it, as there are some causes of this disease which are wholly unknown, and the presence of which, therefore, even Dr. Grafton himself would not be able to detect.

Drs. Chittenden, Barrows and Pease, were sworn. Were all present at the post-mortem examination. They coincided with Dr. Mack in his description of the appearances observed, and sustained him in his views in relation to the case.

This closed the defence. The justice promptly dismissed the complaint, and the citizens presented Miss Smith with a beautiful gold watch and chain as an evidence of their sympathy for her in her unjust and malicious persecution.

INHALATION OF VAPOR OF IODINE IN PHTHISIS.

[Translated for the Boston Medical and Surgical Journal.]

At the meeting of the 24th January, 1854, of the Academy of Medicine, Paris, M. Piorry read a communication *on the curability of tubercles of the lungs by the vapor of iodine*. After some historical notices, M. Piorry said, that although pulmonary consumption, when left to run its course, was seldom cured, nevertheless from the many facts on record, obtained by autopsies of aged persons, solitary tubercles are more frequently susceptible of termination by cretaceous indurations, than is generally imagined. After enumerating the cases where an amelioration might be hoped for, and proving the inutility of the usual therapeutical

resources up to the present time, he described his method of treating *pneumo-phymia* by means of the vapor of iodine. He commenced by mentioning the different experiments made with the same vehicle by divers persons at different times. M. Piorry employs both the tincture and the crude iodine for the purpose of impregnating the atmosphere with iodized vapor. He thinks the vapor produced from iodine preferable in all cases of pulmonary induration, and that from the tincture of iodine in cases where cells exist. Which of the two agents should be employed, must be determined by careful diagnosis.

From 1 to 2 grammes ($15\frac{1}{2}$ to 31 grains) of iodine are placed in a bottle or large-mouthed flask capable of holding a litre (1 1-5 wine qt.). Iodized vapors are disengaged in proportion to the degree of warmth and humidity of the atmosphere. When the tincture is used, from 30 to 100 grammes (7 3 to 26 3) are put into the flask, and sufficient heat applied to disengage the mixed vapor of alcohol and iodine. It is the air thus impregnated with the vapor of iodine, or the mixed vapor of alcohol and iodine, contained in the flask, that is inhaled by the patient. Generally, but one inspiration is directed to be made, but it is necessary that it be deep. Exhibited in this manner, the inhalation of iodized vapors irritate the trachea but little. If the inspirations are continuous, acute pain in the larynx and bronchia and violent coughing are induced, and more serious accidents may be caused. This simple plan of inhalation must, however, be frequently repeated—one or two hundred times a-day, or even more.

Further, the patient is made to inhale iodized air, even during sleep. Saucers, each containing 1 gramme of iodine, are placed on the floor, near the head of the bed. In the hospital, small vials containing iodine are attached to the iron rods that support the canopy. The vaporization thus induced is very evident, and the atmosphere of the apartment or ward is so highly charged with it, that the starched white curtains of the bed assume a blue color, and the iron of the locks is completely iodized. M. Piorry generally prescribes from 1 to 3 grammes of the iodide of potash to each patient daily.

In those cases where the existence and depth of the lesion is suspected to lay between the pulmonary surface and the costal parietes, whether arising from adhesions, or that remarkable supplementary circulation which has been so elaborately described by Dr. Natalis (Guillot), friction with tinct. of iodine mixed with from 19 to 39 parts of water, is used over the parts affected.

Other treatment, as by the use of tartrate of antimony, sulphate of quinine, &c., may be added to the iodine treatment. In one case methodical compression of the thoracic parietes proved a useful auxiliary. To mark out organic lesions, previous to commencing the treatment, a large sheet of diachylon plaster is placed on the chest of the patient, on which are traced lines corresponding to the clavicles, the sterno-clavicular articulations, the projection of the sterno-mastoidal muscles, circumference of the heart, upper surface of the liver, and the nipples. Upon this it is easy to trace a very exact chart of the indurated parts to show their exact size, to make notes of the tone, obscurity of sound, numb-

ness, hardness, and resistance offered to the fingers, and likewise to mark down the principal stethoscopic sounds, which is a valuable aid in the average of cases. After some time, and when the treatment has been fully tested, it is easy to re-place the plaster exactly upon the same part, for the marked lines of organic limitations serve as points to indicate the precise spot where the plaster was first placed.

M. Piorry summed up his communication by presenting the definite results obtained: from 31 cases of phthisis treated by the inhalation of iodine vapors under his care in the Hospital, a marked amelioration, both in the anatomical character and general symptoms, took place in 20 cases; disappearance of the principal anatomical character, and most of the symptoms, in 7 cases; died, with or without positive amelioration, 4 cases.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 16, 1854.

Lunacy Commission.—Notwithstanding the State of Massachusetts had erected a new hospital for 250 lunatic patients at Taunton, there were still complaints of the want of sufficient provision for the insane in the State. After all the patients belonging to the south-eastern counties, had been sent from the State hospital at Worcester to Taunton—almost enough to fill the new building—yet there were more patients left in Worcester than the hospital could accommodate. The hospital at South Boston, with rooms for 200, has got 263 patients. The asylum at Somerville was full to the overflowing, and applications were made for many more than could be received. There were 173 lunatics in the County Houses of Correction and the two receptacles connected with them. The trustees of the Worcester hospital reported, that that building was in need of great and probably very expensive repairs, and too much surrounded by a dense population, and suggested the expediency of disposing of the present establishment and building another on a better plan and in a more favorable situation.

In view of these facts, the Legislature, in April, created a Commission on Lunacy, for the purposes and with the duties described in the Resolves which were inserted in the Journal last week.

The duties of the Commission, which comprises the following gentlemen, viz., Gov. Levi Lincoln of Worcester, Dr. Edward Jarvis of Dorchester, and Hon. Increase Sumner of Great Barrington—are

1. To ascertain the number and condition of the insane and idiotic persons in the State.
2. To determine, as nearly as they can, the number of these that are, or would be, benefited by the accommodations of a hospital for their care and restoration, and for how many of them the guardianship and custody of such an institution is, or should be, provided, either for their own protection or for the safety of the people.
3. To see to what extent these curative accommodations and custodial means are already provided.
4. To determine whether any further provision for this purpose should be made, and of what kind it should be.

5. To determine whether it would be for the interest of the patients and of the Commonwealth, that the hospital at Worcester should be repaired, or whether the building, with the whole or a part of the land now connected with it, should be sold, and another hospital built there or elsewhere.

6. To devise the best plan for the distribution and the general management of the insane.

7. To procure the best plan for the construction of any new hospital or hospitals, if such should be advisable.

The first business of the Commissioners was to be done, either by going themselves or employing deputies to visit every family, or through the agency of such persons as already knew the desired facts. The last seemed to be the most feasible way. There are few, perhaps no families, in this Commonwealth, that do not come within the observation of some physician, especially if there be any lunatic or idiotic person in them. The Commissioners, therefore, relying on the intelligence of the members of the profession, as well as on their known liberality and interest in pathological science, especially when connected with charity, determined to ask their co-operation in this part of their work. Accordingly they addressed a letter to each practitioner of medicine in Massachusetts, asking him to give an account of every idiotic or insane person living in or belonging to any private family, within his personal observation. The Commission asked for the names, so that if any should be reported by more than one physician, correction should be made, and none be counted twice. As the names will be kept secret from all but the Commissioners themselves, there need be no delicacy on this account. The public report will include only the numbers belonging to the several classes in the various towns and counties.

There are several other points on which information is desired. All of them are put into a blank form, which is sent to every one, and is to be filled out and returned. Thus the work required of any one is very small, and very easily done. For it is probable that almost, perhaps quite all can answer each of the questions asked, without going out of his office, merely by calling to mind the several families in which he is employed or acquainted.

Judging by the returns, that have begun already to come back to the Commission, it seems that the plan is an acceptable one and promises to be successful; and it is to be hoped, that every physician in the State will respond, in like manner, to this call. If this is universally done, we shall have a census of lunacy more complete than has been obtained in any State of this Union, and perhaps more so than has been obtained in any other country.

Auscultation and Percussion.—If in our day those who practise medicine neglect to make themselves familiar with the anatomy and diseases of the thoracic viscera, their ignorance must be imputed to their neglect of common privileges. Treatises on auscultation are among the most useful guides at the command of physicians. Like other branches of practical medicine, this of auscultation is progressive. Vigilant explorations and careful watchings, in connection with untiring examinations in minute anatomy, give the profession of the present time immense advantages over their predecessors. We have been led to these reflections by the sight of an admirable treatise, translated from the French of Joseph Skoda, by W. O. Markham, M.D., and published by Messrs. Lindsay & Blakiston, Philadelphia. Such is the desire for information on the subject of auscultation in this country, that a

volume, abounding, as this does, with the instructions of an experienced master, will be in demand. Dr. Skoda is a German clinical teacher, of celebrity; and since the days of Laennec, no writer on this subject has presented equal claims to distinction. The volume is reasonable in price—a duodecimo in two parts—embracing, in the whole, 380 pages. Copies may be had, in this city, of Ticknor & Co.

New Work on Chemistry.—A great work may soon be expected from London, which will treat theoretically, practically and analytically of chemistry as applied to the arts. The author is Dr. Sheridan Muspratt, an eminent man of science, whose reputation warrants the highest expectations. Chemistry is so constantly undergoing revolutions, by new discoveries, that every successive writer has an opportunity of adding something to the previous stock of knowledge. A new feature will characterize this publication:—it is to abound with portraits of eminent chemists. Those most devoted to this important department of science, will be struck, we apprehend, on the examination of this production, with its completeness in the collection of facts connected with chemistry, the application of which to the arts and the general economy of life, is not to be estimated by dollars.

The Skin and Hair.—The second American edition of a small, but excellent book, by Erasmus Wilson, author of a well-known treatise on the diseases of the skin, has just been issued by Messrs. Blanchard & Lea, Philadelphia, copied from the revised London edition. When that house favored us with a copy of the first edition, it afforded a delightful entertainment to follow the philosophical author through page after page, where instruction was charmingly blended with a happy style of writing. The charm is preserved in the revised copy, accompanied by new materials, both curious and practically useful. The chapter on *the purposes of the hair* is alone worth as much as the entire cost of the work. All antiquity, in connection with modern facts and discoveries, touching that particular topic, are compressed into a small compass. The series of chapters, devoted to diseases of the skin, embrace a wide range of facts and suggestions, quite important to an every-day practitioner.

Quarantines to exclude the Cholera.—It is stated in the newspapers, that the authorities of St. John, N. F., have proclaimed quarantine laws upon all vessels arriving from places where the cholera is known to exist, and that they intend to enforce them. Among the places which are named in the proclamation are, the United States, Canada, Barbadoes, and St. John, N. B. We confess that this announcement takes us by surprise, as we had supposed all sensible men were thoroughly convinced, by this time, that the cholera is one of those migratory diseases whose progress no human efforts can confine or arrest. Cholera is not contagious. We do not believe it can be communicated from man to man by contact, or by the inoculation of its fluids into a well person. Quarantine enforcements, therefore, can have no other effect in warding off its approach, than to allay the fears and the excitement which are apt to be manifested when a sickness of such a character is hovering around. We are inclined to believe in the electrical, or magnetic theory as it is called, as explanatory of the predisposing cause of cholera; and that miasms from decomposing vegetable or animal matter, to-

gether with uncleanness and imprudence in regimen and diet, are the excitants. Cholera has visited, in its course, countries having every variety of climate, and has been followed by nearly the same fatality in all. In its western progress at different times since the year 1817, the quarantine laws, which are strictly enforced in the cities bordering upon the Mediterranean, have not secured them from its attacks. It is really curious to trace its course, upon a map of the countries through which it has passed. It is seen that mountain ranges, wide rivers, lakes, and even oceans, have not been protective barriers against it. Such being the case, of what possible use is it to subject individuals to the tedious and uncomfortable situation of quarantine confinement, because they happen to come from a place where cholera existed at the time of their departure?

Effects of Bites and Scratches from Cats.—It is stated in the newspapers, that a lady of this city, a week or two since, in ascending a staircase, accidentally trod upon the tail of a cat, when the cat turned upon her, and bit her in the leg. The wound was dressed, and became nicely healed. In a fortnight from the time of the accident, the limb became very painful, and she began to exhibit constitutional symptoms. Such is the newspaper account of the affair, and we are led to this allusion to it, in consequence of having had a lady patient under our care the past week, who had been scratched upon the back of the hand by a cat. In our case, the wounds had entirely healed before we saw the patient; but constitutional symptoms were present, as also pain and tenderness in the limb, from the ends of the fingers to the arm-pit. She was greatly alarmed, and our attendance was urgently requested. Upon examining the limb, it was found that the parts near the place of injury were much inflamed, and the whole track of the absorbents along the inner side of the arm were also inflamed to a considerable degree. Leeches were applied to the palm of the hand, and the bleeding from the bites was encouraged by the application of warm water and poultices. The arm was kept constantly fomented by a decoction of poppy flowers; and a large poultice of equal parts of ground flaxseed and poppy flowers was applied to the hand, every part of it being covered. By persevering in this treatment for three days, the inflammation abated, and she is now in a fair way of recovery. Pus could not be detected, nor is there reason to suppose any had formed under the fascia. The fingers, which were powerfully contracted, or flexed upon the palm, have assumed their natural position. There is something singular connected with these injuries received from the feline species, which we have never yet been able to account for. It is a question, whether there really is any thing of a poisonous nature in their teeth or claws, which should produce such an effect upon persons wounded by them. There is one other circumstance connected with these animals, and the accidental bites or scratches which they may inflict upon individuals, that deserves notice. It seems to have been a custom among *civilized* people, for ages, to have sentence of death passed upon them when they have unfortunately drawn blood from their masters. In the first case alluded to above, the paragraph closes by saying that "the cat has been destroyed." So in our own case, the lady informed us that she had caused the cat to be "executed." And we believe, so far as our memory serves us, that in every recent case of injury from cats, summary execution of the animal has always followed. Now it is not supposed that this is done from revengeful feelings, but from the popular but super-

stitious belief that it is necessary to do it in order to have the wound heal, and the patients get well.

Death of Dr. Washington.—The death of Dr. Bailey Washington is recorded in another part of the Journal. He was one of the senior surgeons in the United States Navy, having entered the service in 1810, and has ever since served this department with a devotion seldom surpassed. He was the surgeon of the *Enterprise* when she captured the *Boxer* during the war of 1812, and afterwards acted with great efficiency on Lake Ontario, under Commodore Chauncey, and was selected by him as fleet surgeon, although a junior officer in the service. He was afterwards fleet surgeon under Commodores Rogers, Elliot and Patterson, in the Mediterranean, and closed his active sea service during the Mexican war. At the time of his death he was consulting and visiting surgeon of the navy yard and marine barracks in Washington. We believe he was a nephew of Gen. George Washington, and a brother of Col. Washington who lost his life on board the steamship *San Francisco*, some months since.

A Liberal Donation.—The Savannah Republican states that Dr. William Terrell, of Sparta, Ga., has made a donation of twenty thousand dollars to the Franklin College at Athens, for the purpose of endowing a professorship of Agricultural Chemistry. He has suggested that Dr. Daniel Lee, editor of the *Southern Cultivator*, be appointed to fill the chair.

Boylston Medical Prizes.—The Committee of the Boylston Medical Prize Questions, it will be perceived by an advertisement on our last page, have awarded the prizes this year—one to Dr. Silas Durkee, of Boston, for the best dissertation on "The Constitutional Treatment of Syphilis," and the other to Dr. George H. Lyman, also of Boston, for the best dissertation on "The Non-malignant Diseases of the Uterus." The question for next year is, "On the Diagnosis of the Diseases of the Urinary Organs." For the best dissertation on this subject a premium of 120 dollars, or a gold medal of that value, will be awarded. It is presumed, in consequence of the increase in the premium to be awarded, and the interesting topic to be discussed, there will be many competitors for the prize.

Reports in Cholera Cases.—A copy of the blank reports furnished to physicians in Providence, R. I., has been received from that city. It is intended to be filled out, in each case of cholera, and returned to the city clerk. There are blanks for twenty-one items to be recorded, and these items are such as are most important to be known in regard to every case of cholera, and which, if furnished, will comprise a mass of valuable information respecting the previous habits, history and actual condition of those who are attacked by this disease in Providence. The treatment of each case will also be shown, and the result.

University of Michigan.—Professor A. B. Palmer has been transferred from the chair of Anatomy to that of *Materia Medica, Therapeutics and Diseases of Women and Children*. Professor Ford, of the *Castleton Medi-*

cal School. is appointed to the Chair of Human Anatomy, and Dr. E. Andrews chosen Professor of Comparative Anatomy. Professor Sager takes the department of Physiology, instead of that of Diseases of Women and Children, transferred to Professor Palmer.—*New York Medical Times*.

Medical Miscellany.—In a circle of seven miles, in Wayne Co., Pa., thirteen families have 165 children! One man of the neighborhood is the father of 29 of the children.—A medical student attempted the murder of a whole family in New York, by putting oxymuriate of mercury in the tea-caddy.—Some neighbors of a family in Buffalo, while the father and mother were at a funeral, put lime in the bed where were two children sick with cholera, to smother the infection.—A negress lately died in Virginia, at the great age of 140 years.—Since the cholera first appeared at Jessore, in 1817, it is supposed that 18 millions of human beings have died of it.—Dr. Chandler of New Orleans, has been arrested for killing a gentleman from Boston.—Dr. W. B. Thompson, of Covington, Va., has been arrested for causing the death of a young lady, on whom an abortion had been effected.—The Dayton Gazette gives an account of a German woman living in that county, who has had six children at one birth. The children are now six months old, all alive, and were in Dayton with their mother on Tuesday. They are all boys, and small of their age.—A woman died in Boston last week at the age of 102 years.—Dr. John B. Wether- spoon, of Greensboro', Ala., is the owner of a bible in manuscript, written on parchment in A.D. 1560.—Upwards of eleven hundred persons died in New York week before last.—The State authorities have given notice, that suitable accommodations have been prepared at Rainsford Island, in Boston harbor, for persons infected with the smallpox.—It is reported that 12000 persons have died from cholera within the last sixty days, in Barbadoes (West Indies), but the disease is now abating.

NOTICE.—The Title-page and Index to vol. 50 will be sent to subscribers in the next number of the Journal.

PAMPHLETS RECEIVED.—The eighth annual announcement of lectures of Starling Medical College (Ohio) for the session of 1854-5—A Catalogue of the Trustees, Faculty and Students, with a list of the graduates, of the Medical College of the State of South Carolina, session of 1854-5—The annual announcement of the Medical Department of Pennsylvania College, Philadelphia, session of 1854-5.

MARRIED.—Dr Benjamin Johnson, of Dover, N. H., to Miss E. Chadbourne—At Bellmont, Ala., Dr. George D. Hall, of Gaston, to Miss Sarah E. Parks, formerly of Springfield, Mass.

DIED.—In Washington city, Aug. 5th, Dr. Washington.—In Coleraine, Dr. Christopher Deane, aged 72.—At Detroit, Mich., Dr. George Bigelow, 57, formerly from New England.

Deaths in Boston for the week ending Saturday noon, Aug. 12th, 129. Males, 69—females, 60. Accident, 1—burns and scalds, 1—disease of the bowels, 3—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 1—consumption, 15—convulsions, 5—cholera, 31—cholera infantum, 10—cholera morbus, 1—cancer, 1—dysentery, 7—diarrhoea, 2—dropsy, 3—dropsy in the head, 3—infantile diseases, 10—puerperal, 1—exposure, 1—typhus fever, 2—typhoid fever, 3—scarlet fever, 1—hemorrhage, 1—hooping cough, 2—intemperance, 2—laryngitis, 1— inflammation of the lungs, 1—disease of the lungs, 1—marasmus, 3—old age, 2—scrofula, 1—suicide, 1—teething, 5—thrush, 2—worms, 1—unknown, 2.

Under 5 years, 56—between 5 and 20 years, 12—between 20 and 40 years, 29—between 40 and 60 years, 23—above 60 years, 9. Born in the United States, 80—Ireland, 44—England, 1—British Provinces, 2—Germany, 1—unknown 1.

Chloroform Ointment.—This may be made by incorporating from one to two drachms of chloroform with an ounce of lard or simple cerate. Dr. Ronald, of Louisville, found it very effectual in relaxing a rigid os uteri, which had resisted blood-letting, tartar emetic and warm bathing. It was freely applied to the external surface of the neck of the uterus, causing a slight smarting sensation, which in other cases was not felt if applied during the contraction of the organ. In twenty-five minutes the os uteri was found dilating rapidly, soft and pliant; and in one hour and twenty-seven minutes the woman was delivered. We have never failed to succeed in such cases by means of blood-letting alone, but there may be such as require other appliances; and from this account of chloroform, it seems likely to prove more effectual than belladonna, which has latterly been highly extolled as a relaxant.—*Memphis Medical Recorder.*

Compression of the Subclavian Artery.—We have it laid down as an axiom in the greater portion of our class-books, not only on surgery but also on anatomy, that to command hæmorrhage from the subclavian or axillary artery, in amputation of the shoulder, we have only to compress the vessel from above the clavicle, against the first rib, not making the pressure directly downwards, but forwards and backwards. Presumptuous as it must and no doubt will appear for me to think of differing from such high authorities, yet, with the greatest deference to all and each of them, I cannot but think that, if we look at the position which the subclavian occupies at the point where it passes over the first rib, we will see that it is no such easy matter to compress it as one might first imagine. But were there no anatomical difficulties to be overcome, there is still another obstacle to using pressure on the subclavian artery above the clavicle. And what is this? Spasm of the muscles which surround this joint at the moment of operation. We have our patient, with his arm stretched out at a right angle with the body; we have our assistant trying to use compression in the way taught; we transfix the deltoid, and the moment we do so, contractile spasm follows, the effect of which is, to throw up the clavicle, deepen the arch, and make tense the fascia: thereby putting it completely out of the assistant's power to use compression on the vessel, at least with any effect.—*Mr. Skirwin in Dublin Hospital Gaz.*

Election of a Foreign Associate to the Academy of Sciences in Paris.—In consequence of the death of M. Leopold de Buch, the committee appointed, by the Academy of Sciences of Paris, presented the following list. On the first rank, M. Dirichlet, of Berlin; and on the second, alphabetically, Messrs. Airy, of Greenwich, Ehrenberg, of Berlin, Liebig, of Gießen, Melloni, of Naples, Müller, of Berlin. Murchison, of London, Owen, of London, Plana, of Turin, Struve, of Pulkowa. M. Dirichlet was elected Foreign Associate.—*London Lancet.*

The Chemistry of Respiration.—Vierordt calculates that the oxygen absorbed by an adult man in twenty-four hours (part of which is given off as carbonic acid and water, and part retained in the body), amounts to 746 grammes, or 520,601 centimetres (about 31,740 cubic inches); consequently, about 116 grammes of the absorbed oxygen are retained in the organism. According to Boussingault's determinations, about 8 grammes of nitrogen are given off in the same period; and the researches of Valentin show that there are also evolved about 500 grammes of water.

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THE CRANIAL CHARACTERISTICS AND POWERS OF HUMAN RACES.

An Oration read before the Medical Society of the County of Erie, at its Semi-Annual Meeting, held June 13th, 1854., by S. B. HUNT, M.D., Buffalo, N.Y.

At a period like the present, when the rapid overspreading of the North American continent has suddenly given rise to a new code of national policy; when the necessities of new events have added the phrase "manifest destiny" to the vocabulary of the statesman; when all politicians have become ethnologists, and talk learnedly of the antipathies and affiliations of races; when an American Secretary of State brings up the diversity of races in a diplomatic discussion, as a sufficient reason for a peculiar line of national action; when we behold prophecies made to-day, and fulfilled to-morrow, of some new conquest for the Anglo-Saxon; when a process of emigration, which is rather an exodus of a whole people, than a colonizing of a part, together with an increased prolificacy, owing to a lengthened average of human life, is spreading a new and exotic race over our continent, displacing from their territories the old inhabitants—when all these concurrent circumstances are thus operating, it is fitting that the physician and the anatomist should bring forth from their store of acquirement those great anatomical conditions which are the cause of all this turmoil.

It is not necessary for us to discuss the ultimate unity or diversity of the human race. Whatever may have been man's primeval condition, he is *now* divided into races, no less by anatomical differences, than by degrees of intelligence, and civilization. And it is my sincere belief that these differences are permanent; that whatever may be the *actual* improvement of any, or all races, their *relative* position must remain the same. Said Dr. Robert Knox:—"Human history cannot be a mere chapter of accidents. The fate of nations cannot be always regulated by chance; its literature, science, art, wealth, religion, language, laws and morals, cannot surely be the result of mere accidental circumstances."

It should not be objected to this that it inculcates the doctrine of inequality of races. The notion of actual equality is Utopian; it does not exist in fact—it is both unscientific and unscriptural. In looking back upon the workings of that providence which writes the pages of human history, we find one nation always in servitude, another always free—one

particular family gradually overspreads the temperate zone; before it perishes all other kindred, tribes and tongues.

Upon the North American continent we have the representatives of the great Caucasian family, of the aborigines of the soil, the negro, and, more recently, a Chinese emigration has sent the Mongol to our Pacific shores.

Let us study a little the relative anatomy of these races. The most marked and essential difference which separates one human type from another, is in the capacity and shape of the cranium. All other variations seem secondary to this. Among the subdivisions of the great families now dwelling on this continent, we have, first, the Teutonic races, with an average cranial capacity of 92 cubic inches; second, the Celtic, with 87 inches; the Chinese and the Negro, each, 83; the barbarous tribes of American Indians, 84; and the Toltecan family, 77 cubic inches. Among the remarkable varieties which this list presents, we find that the German average is 90, the Anglo-American 90, and the English 96 cubic inches. The low measurement of the American, as compared with his English progenitors, is owing to the fact that only skulls of men remarkable for crime were included in it by Dr. Morton, from whose tables we obtain these results; while, in all other instances, we have merely a casual selection of all varieties of character. Another fact worthy of notice, is, that the measurement of the negro is greater than that of the Toltecan, and equal to the Mongolian average. Another feature in the negro skull is the fact, that American-born negroes have one cubic inch less than the native African families.

It will be seen from this brief statement, that the mere capacity of the skull is not, alone, the true index of ability; while, at the same time, it leaves untouched the great fact, that the Teutonic, the family of largest cranial development, is the most advanced in civilization, and the most vigorous in growth and conquest. The secret of the relative force of nations, where cranial capacity does not fully account for it, must be found in the other condition alluded to, the relative size of the intellectual lobe. Certain varieties exist in the human skull which modify this relation. Thus the Teuton has a forehead, high, broad, full, and nearly vertical, the coronal region is well developed, and the occiput is well rounded, but has no excess over the anterior region. Departures from this ideal will, as they assume the prognathous form, determine the relative intellectuality of races.

Let us trace now the progress of those races which are known to the history of the North American continent.

The monumental history, as well as the traditions of the Aborigines of our country, indicate that the Toltecan, or Peruvian, was once the dominant race of this continent. As described by Cortez and his followers, they were a gentle people, of fixed habits, given to assembling in large communities, and the building of great cities. The arts of civilization existed among them to a great extent. A monarchical government, a priestly hierarchy, and a provident agriculture, indicated a condition far above barbarism. Their average cranial capacity, as ascertained by Dr. Morton from the measurement of 213 skulls, was 77 cubic inches. Its

conformation presented a low receding forehead, the longitudinal and parietal diameter nearly equal, a flattened occiput, high cheek bones, and heavy and projecting jaws. This race once held possession from the great lakes to the isthmus of Darien. It was they who constructed the forts and mounds which dot our western prairies. But long before the peopling of North America by the whites, they had disappeared from the whole country north of the Rio Grande; and their place was occupied by a race superior to them in cranial development, but inferior in the arts. The barbarous tribes had some 7 cubic inches of brain the advantage over the Toltecs. The cranial conformation was similar, with the exception of a fuller occiput, and smaller intellectual lobe. These anatomical characters formed an analogue in their minds. Crafty, subtle, vindictive, nomadic, despising manual labor, and incapable of civilization, they were still permitted, in the providence of God, to drive before them the mild Toltec, and give to rapine and blood the land which once waved with corn. It was the manifest destiny of the Toltec race to perish from the earth. Their civilization, their knowledge of fortification and defence, were no match for the larger brain of the red man. The men of largest brain, of strongest will, fiercest animal passions, and smallest share of human sympathies, passed from their north-eastern origin, and swept all obstacles from their path. It was a work of annihilation, and nothing was left of the Toltec but his forts and mounds.

The second act in this great drama opens the most important and immense migration of the human race on record. There came to the shores of New England and Virginia some feeble bands of men, who, whether rightly or not, were soon engaged in bloody wars with the numerous tribes around them. Looking at the probabilities as they then existed, the chances were a thousand to one that, a broil once commenced between the white and the red men, the former would soon be driven from the shores of the continent, or find a grave beneath its forests. They had to contend with a race numerous, powerful, vindictive, armed with efficient weapons, and the bravery to use them. Why is it, then, that we have seen the Teuton gradually enlarging his borders, and the red man as steadily perishing before him? The work is like that which the Indian had previously inflicted on the Toltec. It was not conquest or subjection, but annihilation. Rank by rank, and tribe by tribe, the red man faded from his possession. Like some Sarsar wind of death, the races of the Teuton have passed from the portals of the East, until now the golden shores of the Pacific acknowledge their dominion. It mattered little what means were chosen to accomplish this result. The peaceful policy of Wm. Penn, and the stern unyielding integrity of the Puritans, were as fatal to the Indian as the fierce slaughter of the Spaniards in the halls of Montezuma. And the high necessities of civilization were but a secondary element in this contest. On the whole line of advance, from the Bay of Massachusetts to the Gulf of Mexico, the progress of the white race was preceded and pioneered by a class of adventurers who fled from the life of towns, and assimilated themselves to barbarism. It was not for civilization that the Daniel Boones of our

country fought and struggled. They contended with the Indian for his hunting grounds, and not for sites of cities. It was the physiological antipathy of race for race, not sufficiently proximate, and too proud and stubborn to blend.

And here we may pause to notice another marked difference in the conquering races. The Teuton, with an average cranial capacity of 92 inches—or if we take the pure English standard of the Puritans, of 96 inches, making a capacity of 12 cubic inches above that of the red man, fought less and conquered more than did the Spaniards and French at the South, with an average of 84 and 87 cubic inches; thus nearly assimilating them to the barbarous, but not reducing them to the Toltecan, measurement. As a natural consequence we find that the Teuton has never widely amalgamated with the Indian. The animal passions were too feeble, and the innate pride of birth and connection too high, for such an intermingling. But the converse held true with the Spaniard and Frenchman. The Iberian and Celt belong to the swarthy families of the Caucasian race, and are as distinctly separable from the Anglo-Saxon, as from the Negro. Possessing as a race five cubic inches less of brain than the Teuton, they more nearly approximate the Aborigines than the men of the North. They have everywhere first fought and conquered, and then amalgamated with the Indian. The consequence is a feeble and hybrid race; defining hybridity as a loss of permanence of national type. The physical degeneration which has resulted from this blending, is a very noteworthy feature in anatomical science. The races now inhabiting Mexico are a breed, so disgracefully mixed and intermingled, that the types of the heroic Indian, as well as the dignified Spaniard, have alike disappeared. The average size of the head in Mexico is so small, that it is with the greatest difficulty that an American, of average cranial size, can find a native hat sufficiently large.

Still another race comes in to mingle in the confusion of American population. We are indebted to our English forefathers for the presence among us of more than three millions of a low type of human organization—the Negro. Prognathous jaws, narrow elongated forms, receding foreheads, large posterior development, and an internal capacity of only 83 inches, characterize the cranium of the African negro. The cranial capacity is nine inches less than that of the Teuton, but still exceeding the Toltecan by 6 inches, and only 1 less than the barbarous Indian. There is, therefore, nothing in the mere size of the negro skull which especially marks him for servitude, or renders impossible a certain degree of civilization. Although he has never, in his native state, attained to any degree of culture, he is endowed with a wonderful imitative faculty, which enables him to adapt himself to the customs of civilized life. But we find that he more readily amalgamates with the Indian, than with the white. The red man, though he sometimes makes a slave of his black fellows, is still more generally disposed to admit him to a footing of equality. In his relations with the whites, he has now for two centuries remained in servitude, without an effort, on his part, to escape from bondage. The casual flight of a few solitary individuals does not invalidate the fact that he is enchained by a people which could not thus enslave

the Indian. The story of Uncle Tom's cabin contains a most truthful moral on the point, however unconsciously on the part of the author. "George," the almost white slave, strikes for freedom with a bold hand ; preferring death to slavery. So, too, did "Cassy," and every other light mulatto in the book. But we find that Mrs. Stowe has always portrayed the pure black as a willing bondsman, and "Uncle Tom" himself as a model of submission to the lash and to bitterest wrong and outrage. This was not mere christian non-resistance. The meekest martyr, from St. Stephen to John Rogers, would have resisted such wrong by force of arms. It is an inborn characteristic of the black race.

While I would not sanction the idea that the mere fact of inferiority or diversity of race, can justify the holding of a fellow man (for a fellow man he is) in involuntary servitude, I still think that the anatomical facts of difference should have some influence in modifying our sentiments, and render us slow in imposing the responsibility of self-support upon a race, whose ability to maintain themselves, in competition with the white man, is at least as much a problem, as is that of the co-existence of the Anglo-Saxon and the Indian. It is impossible for 83 cubic inches of cerebral matter, fed by negro blood, to compete with 92 of educated, Teutonic brain. It is not the province of the anatomist to decide what should be done ; but it is safe to assume, that any being, however degraded, if he possesses reason and conscience, should also possess the liberty to use them for his own welfare. The limit of authority over a degraded race should not extend beyond an exercise of paternal care and superior wisdom, in guiding, protecting and elevating it, in such a manner of life as is best fitted to its capacities.

The amalgamation of the two races produces the mulatto, who manifests a certain degree of hybridity. He is a superior negro, but a very inferior white man. As we go on approximating to the white, we have increasing aptitude to learn, and greater intelligence ; but this is accompanied by a corresponding degradation of the white. The mulatto is an unnatural and a sinful existence. Feeble in constitution, unable to perform severe labor, he manifests a tendency to scrofulous disease, and early death. Though the pure negro is naturally long lived, we find the mulatto rarely attaining the verge of old age. It is a notorious fact, that, were it not for constant importations from the South, the race of negroes would soon disappear from the northern States, from amalgamation, and consequent short life. If amalgamation is thus fatal to the existence of the negro, what better would be his condition if left to his own resources. It is but just that we should look the anatomical argument fairly in the face. The condition of the negro has ever been that of servitude—a consequence of his lack of brains. It cannot be pretended that this should form a justification of American slavery ; but the anatomist will still shrink from hastily disturbing the present order of things. An immediate setting free of the bondsmen of the South, would place three and a half millions of an inferior race in competition with one far superior to it in anatomical perfection. Who can doubt where misery would fall? The experiment has already been twice tried on this continent. The Toltecan and the Indian have in turn faded,

and passed away from the broad lands they once claimed as their own. Without a claim to the soil, without a vestige of national organization, and in competition with a vastly superior race, that annihilation which so surely dogged the retreating footsteps of the fallen Indian, would find but a feeble resistance from the humble crouching African.

One circumstance may, in this contingency, operate in favor of the negro. Had the Indian been capable of subjection to slavery he would still be found among us. The negro would soon, in freedom, adapt himself somewhat to his new condition; and, although a large class might, like the wretched inhabitants of the British West Indies, prefer abject poverty to labor, yet the influence of a colder climate, and the necessity of providing for a winter, might gradually engraft industrious habits. Even the ever-working bee, when transported to Jamaica, laid up his store of honey for a single season only. Ever after that, he forgot his provident northern notions, and led a roisterous and dissipated life among the sweets of the sugar houses, unmindful of the morrow.

It is now a received opinion with ethnologists, that the large-headed Teuton is the dominant race of all the earth. Wherever climate will permit his existence, his passion for discovery leads him. The negro, the Hindostanee, the Malay, the Aborigines of America, have all fallen before him; and now he knocks at the door of the Japanese Mongol, and demands admission there. One by one the lesser tribes have owned his sway. The lively Celt of Ireland has yielded his long-fought battle with the English Teuton; the high-spirited Hungarian, and the wily Italian, feel the yoke of the Austrian Teuton; and still another family of this great group is pressing down upon the Turk. The stream of emigration has filled the United States with unceasing additions of Teutonic blood. Before them has fled the Indian, and beneath their iron rule is bowed the unfortunate African.

Who can tell where, or when, this conquering advance shall cease? What shall be the fate of feebler nations beneath its sway?

In these great facts, this hastily-gathered evidence of "manifest destiny," we read a lesson which politicians well might learn. The doctrine that "all men are created free and equal," is an anatomical, physiological and scriptural impossibility. So long as one star differeth from another star in glory, so long as the infinite gradations from dust to Deity rank one above another, so long as man is but a little *lower* than the angels, while God is over all, so long shall the difference which He has implanted in the human race, remain unchanged in type, though progressive in excellence, until the last act of the drama shall open upon a single dominant race, in a world whence all others shall have disappeared.—*Buffalo Medical Journal*.

TREATMENT OF CHOLERA MORBUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have been a reader of your valuable Journal for many years, and as yet I have seen nothing, in all which it has con-

tained upon the subject, approximating my own treatment of the foregoing disease. Moreover, I cannot learn, by inquiries of my medical brethren, that the practice to any great extent has been adopted; but, on the contrary, I know of no one who has embraced it, save those who have done so at my own suggestion. And still I have no claims to originality, so far as the practice is concerned. It was derived from some European writer, through the medium of that excellent and superior work, Braithwaite's Retrospect. And regarding it as I do, in the light of a *specific* mode of treatment, I am anxious that others should make a trial of it, and that the practice should become Americanized and universally adopted.

The remedies are simply morphia and creosote. My mode of prescribing them has generally been, to give from 1-8 to 1-2 grain of morphia, in combination with from 1 to 3 drops of creosote; the quantity of each ingredient to be governed by the age, constitution and habits of the patient, as well as the severity of the disease itself. Seldom do I find it requisite to give more than one dose of the creosote, especially where it is given soon after the act of vomiting. The morphia I usually repeat once or twice after the last dose of creosote, and this is all, generally, which the case requires, so far as medicine is concerned.

Treated in this way, I have found the disease a very easy and manageable one, and in no case, in my own practice, passing into secondary disease. Warmth to the surface, and the *moderate* use of warm drinks, are important adjuvants, and aid in restoring the equilibrium of the circulation. The same remedies, though in still larger quantities, I have used in two cases of cholera, both of which speedily recovered; but my experience with this disease is too limited to speak with much assurance. I trust, however, with some modification, it would be followed by better success than any other plan of treatment which I have known adopted. Hoping that others will give it a trial in this Herculean and mysterious pestilence, I will only add, what my own experience of years will abundantly justify, that the above remedies are the *sine qua non* in the treatment of cholera morbus.

Respectfully yours,

Phenix, N. Y., Aug. 10th, 1854.

N. WILLIAMS, M.D.

OBSERVATIONS ON EPILEPSY.

BY W. M. CORNELL, M.D.

Case from Scripture—Ancients supposed it a special visitation from the gods—Definition of Epilepsy—Symptoms—Considered incurable by some—Cases of recovery under Dr. Herpin and others—Difficulty of localizing the disease—Is the brain affected organically or only functionally?—Portions of the brain excluded by Dr. Todd from being its seat.

THOSE acquainted with the Greek, the language in which the passage in Matt. xvii. 15, and the parallel one in Mark ix. 17, were originally written, will readily see that the child spoken of was "lunatic and sore vexed"—in other words, that he had *epilepsy*, or the *falling sickness*. Often he fell "into the *fire*, and into the *water*." How much devil, more than natural sickness, there was in this case, we shall not attempt

at present to measure. That it is a vivid description of epilepsy, no one can doubt who has ever been familiar with this disease. The original Greek word for epilepsy means *to seize suddenly*. The seven devils cast out of Mary Magdalene were doubtless *epilepsies* under demoniacal influence. The ancients called a person, when sick with this disease, *lunatic*, because they supposed it to be connected with the *changes of the moon*. It is very doubtful, however, whether the moon has anything more to do with it than with the planting of cucumbers, or the "coming of soap," or the best time for killing pork. It is well known that epileptic attacks take place at any time, and through all the phases of that "silvery orb."

This sickness has been called by various names, in different nations, and in different times, as it has been known to exist from the earliest ages. Many of the ancients supposed it to be of a *devilish* or *demoniac* origin, inflicted by the malice of their deities, or demons, between which there was not much to choose. The Romans considered an attack of this disease as an ill omen; and if it occurred in the forum all business was suspended for the day. Hence they called it *morbus comitialis*. As they had an abomination for the disease, and wished to avert it from themselves, they used to spit in the face of the epileptic; and hence they gave it the name of *morbus qui sputatur*. The French have two names for it, each designating the character of the attack. The lighter, they call the *petit mal*; the graver, the *grand mal*.

It is difficult to give a perfect *definition* of epilepsy, and I shall not attempt it. The leading symptoms of an attack are the following. An unearthly screech, such as has been known to frighten women into hysterics, and to cause "a parrot to drop from his perch seemingly frightened to death by the appalling sound"; loss of consciousness; clonic spasm; sudden falling; embarrassed breathing; turgid and livid face; choking sound in the windpipe; brows knit, features much distorted; light and sometimes bloody foam issuing from the mouth; urine and fæces sometimes unconsciously expelled by the force of the spasm. When the convulsions have subsided, the patient is left exhausted, stupid and comatose.

The fits usually commence by the mouth twisting awry, the eyes quivering and rolling about, the chin raised, and by sudden jerks brought round towards one shoulder, the tongue thrust between the teeth and often bitten. During the paroxysm there is usually violent palpitation of the heart, and frequent and feeble pulse. Sometimes no pulse can be felt at the wrist.

Such are the *symptoms* of a severe attack. But sometimes the greater part of these symptoms are absent. Consciousness is lost for a moment, accompanied by a fixed gaze, or a tottering step, and a look of confusion; and all is over. The patient then goes on with conversation or business, as though nothing had happened.

Dr. Cullen defines epilepsy to be a "*malorum convulsio cum sopore*." Dr. Copland, "Sudden loss of sensation and consciousness, with spasmodic contraction of the voluntary muscles, quickly passing into violent convulsive distortions, attended and followed by sopor, recurring in paroxysms often more or less regular."

Epilepsy has been considered by most physicians an incurable disease. It has, indeed, generally proved so, and hence there are physicians who advise that nothing be done—that the case be left entirely to nature. That it would be better to follow such advice, and *do nothing*, than to do what has often been done, will appear in the sequel.

But others, of more wisdom and foresight, recommend a different course. From the fact that many have been freed from this disease, by medical treatment, they advise that efforts be made to deliver the patient from this grave malady. Thus we find most of the standard writers upon medicine enumerate more or less recoveries from this disease, and advise patients afflicted with it to continue to seek relief from medical skill. Dr. George B. Wood, of Philadelphia, in his "Practice of Medicine," says, "When not dependent on any permanent organic disease, epilepsy may often be cured, if taken at the outset; and there is reason to believe that the germ of many an epileptic case is destroyed by the proper treatment of the occasional convulsive paroxysms, which so frequently come under the notice of the physician. Cures sometimes, also, take place in cases of considerable duration; and there is no reason to despair in any case, unless obviously connected with incurable organic disease." Dr. Eberle says, "Dr. Dewees has expressed contradictory sentiments, in relation to the curableness of this disease. Under the head of *treatment* he asks, 'what plan of treatment has ever succeeded in curing epilepsy? Has epilepsy ever been cured?' Under the head of *diagnosis*, however, he says, 'when the disease is symptomatic, it is occasionally curable. Those attacked between the fourth and tenth year may be cured by proper treatment.' This is just such an inconsistency as all those are liable, I may add compelled, to fall into, who maintain that epilepsy is in all cases, or *generally*, incurable. When the brain is essentially diseased at the commencement of epilepsy, it is, doubtless, incurable; but I think it will clearly appear, in these observations, that such cases are very rare—at most, not one in twenty of the whole number. Such has been the experience of the writer in as large a number of epileptic patients, probably, as has fallen to the lot of any one physician in this country.

In reference to Dr. Dewees's remarks, as above, Dr. Eberle continues—"Most assuredly this latter sentiment accords with the experience of the ablest of the profession of all ages. However appalling and really intractable this disease may in general be, perfect cures are by no means so uncommon as the doctor's interrogatories might lead one to suspect. I have known at least five distinctly-marked cases cured under my own observation, two of which were of more than two years' standing; and one above six years."

Such is the testimony of Dr. Eberle, a man who wrote one of the best systems of "Practice" in our country.

Boerhaave, Van Swieten, Storck, Richter, all state cases of cure under their treatment. Frazer says he cured nine cases out of eleven. Drs. Prichard, Latham, Young and Percival, also give cases of cure under their treatment. Thus we have abundant evidence from the highest

medical authority to discountenance the idea that nothing can be done to remove epilepsy in ordinary cases.

If the question were, is epilepsy *ever* incurable? no one would deny that it is. But, when the question is, whether it is ever curable, all intelligent physicians say yes, and that it may always be remedied where the brain is not really diseased at its commencement; and we hope to show from the highest authority that such cases are very rare.

While we have never made any pretensions to remedying this disease in all cases, we are fully satisfied that the inculcation of the idea that nothing can be done, and that, ordinarily, nothing should be attempted, has resulted in great injury. It has discouraged and rendered incurable many who might have recovered; and it has been in opposition to the views and experience of the most eminent physicians of all ages. We have given, in the above references, but a very small portion of the names of physicians under whose treatment recoveries have taken place in this very afflictive disease.

In the *Union Medicale* for December 1st, 2d, and 7th, 1852, Dr. Herpin, of Geneva, gives the following *results* in treating epileptic patients. "Of twenty-six female patients, sixteen were cured, six were improved, and four were incurable. Of twenty-four male epileptics, twelve were cured, four were improved, and eight were incurable. Of thirty-five patients under 20 years of age, eighteen were cured, nine improved, and eight incurable. Of nine patients, aged from 20 to 50, five were cured, one was improved, and three were incurable. Of six patients, aged from 50 to 80, five were cured, and one was incurable. Of twenty-three cases which had existed less than a year, fifteen were cured, five were improved, and three were incurable. Of twenty-five cases of from one to twenty years' duration, thirteen were cured, five were improved, and seven were incurable."

Thus, from the experience of this Genevan physician, it does not look as though there is no encouragement to treat epileptic patients. On the contrary, even cases of twenty years' standing are curable. An anonymous writer in the number of this Journal for Aug. 2, 1854, has related several cases wherein permanent cures were effected in this disease.

Difficulty of Localizing Epilepsy: Caused by Debility.—All the known phenomena of this disease point to the nervous system, as chiefly concerned in inducing it. The muscular convulsions are consequent to, and dependent upon, the nervous disturbance. On the other hand, the strong muscular force developed has a powerful re-action upon the nervous system.

What part of the nervous centres is disturbed in this disease? Is it the brain, or any one part of it; or is it the spinal cord; or both, or all of them? It is not simply a disease of the nerves. There can be no doubt but the irritation of a nerve, at its periphery, may so irritate the nervous centre, as to induce epilepsy; and the phenomena of this disease would not be exhibited, unless these centres were much disturbed. In the development of the epileptic paroxysm, the first phenomenon is loss of consciousness, and then follow muscular convulsions. It is well known to every intelligent physiologist, or pathologist, that loss of consciousness

is never the sequence of lesion or disturbance of the spinal cord—that, in all diseases of a special spinal origin, consciousness usually remains perfect.

Suppose, then, we look into the brain for the primary disturbance in the epileptic paroxysm. The brain, it is well known, is composed of several parts, each of which, no doubt, discharges a particular function, and all of which united constitute the brain.

We will begin with the *medulla oblongata*. If this were so far disturbed, as to produce convulsions, they would be *tetanic*, not *clonic*. It is well known that, though the convulsions, in epilepsy, are sometimes *complicated* with *tetanic*, yet there are always alternate contractions and relaxations, such as do not occur in that disturbance of respiration or laryngismus always arising from primary disease of the medulla oblongata. If the medulla oblongata were the primary cause of epilepsy, *laryngismus would always attend it*. But this is not the case. Moreover, loss of consciousness is sometimes the only symptom of epilepsy. No degree of lesion, in the medulla oblongata simply, would account for this.

The *corpora striata* and *optic thalami* are different in structure, and, doubtless, differ in function. Whatever that function may be, it is generally admitted that it has no concern in *mental* operations; of course, none with consciousness. If they are diseased, motion, or sensation, or both, may be paralyzed; but consciousness remains undisturbed, unless the lesion extends to other parts of the brain. No disease of these parts, then, will account for the *first* symptom of epilepsy—loss of consciousness. Besides, no mechanical irritation of them will produce *convulsions*. Neither the primary nor secondary symptoms of epilepsy, then, can be produced by any disease of these bodies.

For the same reasons, we must also exclude the *cerebellum* from being the cause of this disease.

Is the *cerebrum* implicated in epilepsy? It most certainly is. All physiologists agree that this is the seat of the intellectual power—of consciousness. As loss of consciousness is the first symptom of epilepsy, the *cerebrum* must be implicated. It will be a question hereafter to be considered, whether this implication implies *disease of structure*, or of *function* only.

Whenever the *cerebrum* is diseased, or not properly nourished, the mind suffers. We have stupor, or delirium, or mania. Disease of the membranes covering the cerebrum causes the mind to be impaired, by their proximity to, and connection with, the cerebrum. These parts being disturbed, we can account for the *first* phenomenon of epilepsy, viz., *loss of consciousness*.

It is our belief that the structure of the cerebrum is not diseased, usually, in the commencement of epilepsy; and in this position we are fully sustained by the following remarks of Foville. “The brains of persons dead of epilepsy, in its earliest periods, exhibit nothing, absolutely nothing, which differs from the normal state: unless they have died in the attack, when the cerebral congestion, which exists, is a feature, not of epilepsy, but of the state of asphyxia induced by it. Still, in the more advanced stages of the disease, when the patients have experienced many

fits, morbid appearances are met with, and these affect the hemispheres chiefly."

"The convulsions," says Dr. Todd, "are caused by involving the *mesocephale*, either by irritation from the superficial parts of the cerebrum, or by these parts being more directly implicated, or by both."

It is not yet known *how* the nervous influence, or tension in the brain or other nervous centres, accumulates. We believe it to be caused by a poison, or an abnormal state of the vital fluid. This poison seems to excite a polar state of the brain, which is reduced to an equilibrium, by the discharges which take place; frequently, with great rapidity, yet leaving no trace behind, and no foot-prints of disease, till the nervous battery is again charged by the poison. Then, a new explosion takes place. That such is a correct theory or plan of epilepsy, we think, will more abundantly appear in the sequel; and also, that the general course of remedial measures has not been the one best calculated to remove the difficulty. It is our decided opinion that the structure of the brain is not injured in this disease, until after repeated attacks; and hence it is not, properly, a disease of the brain. That the brain suffers more or less, at each explosion, is no doubt true; but that the cerebrum, or hemispheric lobes, are the primary seat of epilepsy, as maintained by Dr. Todd, in his "Theory" of this disease, we want proof, and we will now adduce some arguments to show that such is not the fact. In doing this, we freely admit that there must always be *functional* disturbance of the cerebrum; or the first symptom of epilepsy, namely, loss of consciousness, could not occur. But in most cases, it is *only* functional.

MORTALITY AMONG CHILDREN.

[Communicated for the Boston Medical and Surgical Journal.]

THE Boston Journal for August 10 has an article, copied from the Baltimore Patriot, on the mortality of children, which is deserving of the attention of those whose office should be not only curative but preventive. I copy from the article as follows:—

"In the cities of New York, Philadelphia and Baltimore, last week, out of a total of 1,724 deaths, 1,025—within a fraction of two-thirds of the whole number—were children under five years of age."

Now as there is no date to the article of which the foregoing is a part, it is not in my power to say precisely *what week* the writer refers to; but it is a fair inference that it was recent. Nor am I able to say by what arithmetic or logic, 1,025 is made out to be "within a fraction of two-thirds" of 1,724. It would be more nearly three-fifths of the whole. Still the fact is a terrible one. Many have thought the statement so often made by myself and others, that two-fifths of our population, *taking the year together*, die under five years, an exaggerated one; but here is a mortality of three-fifths for a particular period.

The writer in the Baltimore Patriot, in his comment on the dreadful fact, justly observes;—"There is certainly some cause for this, and it is due to the science as well as the philanthropy of the age, that this cause

should be distinctly ascertained and pointed out." Again he says:—"A close examination of the subject, we doubt not, would show that it is chiefly among those who are surrounded with all the comforts, and, in many instances, with the luxuries which riches command, that infantile diseases find their most numerous and unresisting victims."

With one qualification, Messrs. Editors, I can subscribe, most fully, to the truth which is suggested in the latter quotation. Instead of saying "riches" in a country where almost every pauper is rich enough to have his appetite tickled and gratified, I would say "money and a short-sighted selfishness."

In regard to the causes of this fearful and fearfully increasing infantile mortality—for there are doubtless more causes than one—I have something to say, suggested by the study of the subject for thirty years or more. And though I lay no claim to infallibility, I do greatly desire to be heard.

My first suspicion rests on the too free use of alkalies among us. I say "the too free use," because, although I should not be likely to encourage their dietetic use, in any quantity, or in any circumstances of health, yet there is certainly a wide difference between excess and moderation. It is one thing to use just so much saleratus as shall be neutralized by the acetic acid it meets with, so as to leave no residuum but a little acetate of potash, and quite another to use the alkali so freely that a portion of it remains in the stomach and intestines unneutralized. Yet the latter is an every-day occurrence. Our children, generally, have their first passages in a state of sub-inflammation, from this and other kindred causes; and though the use of mild acids, especially those of fruits, may do something to soften or mitigate the condition, is it any wonder that bowel complaints, in these circumstances, become very severe and unmanageable? Is it any wonder that two-fifths, and in summer three-fifths of all who are born, die under five years of age?

I have no doubt that quackery and humbuggery, as well as many more things, tend to a fatal result in these cases; but I can say no more in a single number. You may possibly hear from me again.

Auburn Dale, Aug. 15, 1854.

W. A. ALCOTT, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 23, 1854.

Treatment of Cholera in the New York Hospitals.—A late number of the New York Daily Times contains an account of the various plans of treatment of cholera adopted in the hospitals of that city. For reasons which we have before stated, medical matters in the columns of that paper are more reliable than those usually circulated in the newspapers, and we therefore give a synopsis of this account.

Calomel is chiefly relied on in the Franklin Street Hospital, and is given in doses of from 20 to 40 grains, and repeated, if rejected by the stomach. Camphor and chloroform, in from 10 to 12 drops for a dose, and fre-

quently repeated, are given for the purpose, in conjunction with the calomel, of arresting the discharges. It is intended to have the gums made tender from the use of calomel, and it is said that *no death has taken place when this has occurred*. Neither opium nor astringents are allowed, but internal stimulants, such as brandy and carbonate of ammonia, and externally the hot air bath and mustard, are made use of. This treatment is considered the most appropriate, and has been attended with such success, that the medical officers of the hospital feel warranted in continuing it. At the Mott Street Hospital the remedies made use of are calomel, capsicum, opium and camphor, for arresting the discharges; while brandy, ammonia, mustard and the hot-air bath, are the internal and external stimulants. *This treatment, thus far, has given satisfaction*. At the Brooklyn Hospital they give an emetic of salt and water, *to quiet the stomach*, so that the remedies can be retained. One grain of calomel is then given every hour, sprinkled on the back of the tongue and washed down with ice-water, and repeated until the discharges are altered in their character. SALIVATION IS AVOIDED. When stimulants are necessary, sulphuric ether is used. Hot-air baths, blisters, and the external application of spirits of turpentine, are made use of when necessary. Dr. Hutchinson, who has charge of this hospital, is of the opinion that the value of internal and external stimulation has been overrated, and he has abandoned, to a great extent, all stimulants but beef tea made very strong. He does not use opium or astringents, because he considers the discharges *curative in their tendency*—the result of an effort of nature to rid the system of the poison which has produced the disease. The effect of this singular treatment has been satisfactory to the doctor, so much so, *that when a patient is admitted into the hospital with vomiting and purging, he announces his recovery as almost certain*.

So it appears that cholera is treated very *satisfactorily*, and with success, in three of the New York Cholera Hospitals, by opposite modes; that one grain doses of calomel every hour (salivation to be avoided), answers just as well as the twenty and forty grain doses, with salivation; that in the hospital where they do not attempt to arrest the discharges, they have as much success as in the others which endeavor to accomplish that object by remedies. But if the treatment is satisfactory and successful, what matters it?

Meditations upon Consumption.—Mr. N. P. Willis, in his last communication to the Home Journal, of which he has long been one of the able editors, thus calmly and beautifully expresses himself in regard to the disease with which he is now afflicted, and which must eventually terminate his life. It is melancholy to reflect upon the misdirected effort which has been manifested by Mr. Willis in his treatment of his own case. The jacket of soap in which he wrapped himself, drinking at the same time large quantities of an alkaline solution, have produced, as might have been expected, an increase in all his alarming symptoms, which the quiet and freedom from irritation enjoined by what he calls homœopathy, can alone mitigate. The following is the extract alluded to:—

“Consumption, mourned over as it is, seems to me a gentle untying of the knot of life, instead of the sudden and harsh tearing asunder of its threads by other disease—a tenderness in the destroying angel, as it were, which greatly softens, for *some*, his inevitable errand to *all*. It is a decay with little or no pain, insensible almost in its progress, delayed sometimes, year after year, in its more fatal approaches. And it is not alone in its in-

dulgent prolonging and deferring, that consumption is like a blessing. The cords which it first loosens are the coarser ones most confining to the mind. The weight of the material senses is gradually taken from the soul with the lightening of their food and the lessening of their strength. Probably, till he owns himself an invalid, no man has ever given the wings of his spirit room enough—few, if any, have thought to adjust the ministrings to body and soul so as to subdue the senses to their secondary place and play. With illness enough for this and not enough to distress or weaken—with consumption, in other words, as most commonly experienced—the mind becomes conscious of a wonderfully new freedom and predominance. Things around alter their value. Estimates of persons and pursuits strangely change. Nature seems as newly beautiful as if a film had fallen from the eyes. The purer affections, the simpler motives, the humbler and more secluded reliances for sympathy, are found to have been the closest linked with thoughts bolder and freer. Who has not wondered at the cheerfulness of consumptive persons? It is because, with the senses kept under by invalid treatment, there is no ‘depression of spirits.’ With careful regimen and the system purified and disciplined, life, what there is of it, is in the most exhilarating balance of its varied proportions. Death is not dreaded where there is, thus, such a constant breaking through of the wings of another life, freer and higher.”

Soda Springs in a Desert.—By late arrivals from California, we learn that as a party of men were engaged in making survey of the public lands, they found, at a point about fifty miles east of San Felipe, in San Diego county, a singular collection of fountains or springs of soda water, situated in a sandy plain or depression of the desert. They are described as being in the form of a mound of symmetrical shape, tapering like a sugar loaf, in the top of which is a hole, and *unfathomable*, containing the carbonated waters. These mounds or soda fountains are six feet high, and covered over with a luxuriant coat of grass. The water possesses all the properties of the soda water, as it is called, which is found in our shops, and was drank with great avidity by the party who made the discovery.

Treatment of Gonorrhœa.—A correspondent of the Journal in the far-off West, desires us to publish the following prescription, which he considers to be a first-rate remedy—one that “acts like a charm,” and with which he has had “general success” in the treatment of gonorrhœa “for the last two years.” He recommends that “the bowels be well cleared with the sulphate of magnesia,” after which, “a. tablespoonful of the following mixture three times a-day—R. Spts. lavend. comp., ℥j. ; spts. nit. dulc., ℥iij. ; bals. copaiba, ℥jss. ; spt. vin. Hollandi, Oss. M.

Cholera in St. Louis, Mo.—The St. Louis Medical and Surgical Journal contains the following notice of the origin and extent of the epidemic cholera which has prevailed in that city the present season :—

“In common with most of the other cities of the country, St. Louis has been afflicted by the re-appearance of this most terrible and inscrutable disease in its worst form. Since the first of June, cases have occurred almost daily, but within the past two weeks, from the co-operation of this and other causes our bills of mortality have increased to an alarming degree. For the

week ending July 3d, the City Registrar reported four hundred and seventy deaths from all diseases, of which number two hundred and seven were from cholera, and two hundred and five children of five years old and under. For the week ending July 10th, the number of deaths reached as high as five hundred and five; of these two hundred and sixteen were of cholera, and two hundred and ten children of five years old and under. This certainly exhibits an extraordinary increase in our mortuary bills, when in the short space of three weeks the number is swelled from seventy-eight up to five hundred and five.

"It is proper to remark, however, that the disease has not been at all general throughout the city, nor has it affected all classes alike. As on former occasions, certain localities and particular classes have suffered very severely, while others have been comparatively exempt from its ravages. It would not be going too far to say, that at least three fourths of the entire mortality has occurred among our foreign population—those of recent arrival, and such as are herded together in small and illy-ventilated apartments. From present appearances we are encouraged to believe that the disease has reached its acme, and is now on the decline."

The Cure of Idiocy and Cretinism.—We find the following notice of Dr. Guggenbühl's school for cretins, in the Glasgow Medical Journal for July. This school was visited by the senior editor in 1850, and an account of it was given in the Journal. It has also been visited by other American travellers, and any additional information respecting it will be read with almost as much interest in this country as in Europe.

"Some interesting particulars on this subject have been recently published in a little pamphlet, entitled 'The Adenberg Institution for Cretins, in the Canton of Berne, Switzerland, founded by Dr. Guggenbühl.' This institution, it appears, is built on the Adenberg, in the Alps, at a height of about three thousand feet above the level of the sea, and was founded by Dr. Guggenbühl in 1842, who has since, with the support of a few influential friends, devoted the best energies of his mind to the difficult career which he has chosen—that of educating idiot children. No case has been too hopeless for this interesting philanthropist. Weak and helpless boys and girls, with vacant eyes, and skins wrinkled by premature old age, have by his fatherly care been changed, within a few months, into intelligent and healthful children; creatures whose only articulation was a moan, have been taught to pronounce the letters of the alphabet; beings almost as low in the scale of existence as the brutes, with little or no sense of taste, smell, or touch, and with no idea of food, that it is necessary to eat in order to live, have been rescued from their fearful state by Dr. Guggenbühl, and are, many of them, in a fair way of becoming sensible, well-behaved, and industrious members of society. A few years back it was the general opinion that idiocy was incurable, and that all we could do for idiots was to pity and protect them. This feeling is even now carried to so great an extent among savages, that they look on these unhappy creatures with a sort of veneration, believing them to be especial favorites of the Great Spirit, who has permitted their souls to remain in heaven, while their bodies undergo the toils and hardships of this world. It shows a benevolent heart that can pity and protect a 'natural;' but how much greater the benevolence, that, instead of sighing at the sight and passing on, can devote the labor of a life to the arduous task of reclaiming these children! The cures effected by

Dr. G. are numerous and brilliant. The plan adopted is one of common sense, and has for its principal elements fresh air, light wholesome food, cleanliness, and exercise. When he has succeeded in rendering the body in a fit state to be the dwelling of an intelligent soul, then, and not before, does he commence his labors with respect to the moral and intellectual improvement of his patients. When he has mended the house, and rendered it habitable, he entices the wanderer in by means of kind words and reiterated appeals to the dormant intelligence. Among other means to which he resorts, is that of tracing the alphabet in characters of phosphoric light on dark walls, in order that the sense of sight may be quickened, and convey the shapes of the different symbols to the brain. A tube is at the same time placed in the ear, in order that the sound of the strange hieroglyphics glittering before the eye may be made known. The lips are also taught to move in imitation of the master's, and the latent senses of sight, hearing and speech are thereby awakened into action.

"The Institution School for the cretins and idiots on the Adenburg was the signal for the formation of many more, and among others that at Mariaburg, near Stuttgart, in Wurtemberg, under the patronage of the King and Royal Family; Muhldorf in Bavaria, under the patronage of the King and the Archbishop of Munich; and that of Parkhouse, Highgate, founded in 1847 by subscription, and afterwards set apart for patients for whom fees were paid; another and large institution being subsequently formed at Essex Hall, in Colchester, for the reception of the poorer and friendless class. The returns of these institutions are in the highest degree satisfactory, and will no doubt tend to the formation of many more of a similar kind throughout the world."

The Microscope in Cancerous Tumors of the Breast.—M. Velpeau, of Paris, the author of a work lately published "On the Diseases of the Breast," speaks in it as follows on the use of the microscope in the cancerous class of these diseases.

"If by means of the microscope it were possible to arrive at a knowledge of the intimate nature of pathological products, the instrument would be of great practical value. The diagnosis of cancer would acquire much certainty, and lose its vague and unsatisfactory nature, as nothing is more easy than to obtain small fragments of cancerous tumors by means of the grooved needle, &c. Some microscopists of the present time do not hesitate to believe in these wondrous results, but my remarks on the cancerous cell, in another part of the work, will prevent my readers from crediting such things. Microscopical examinations may determine the nature of cancerous tumors, when the latter are removed from the body; but, in a clinical point of view, these examinations lead, in the present state of knowledge, to dangerous errors, if any importance were attached to them. When, by the bed-side of the patient, the microscopist declares that the cell submitted to his examination is of a cancerous kind, can the surgeon take such a declaration as a rule of conduct? Will any one form a decided opinion upon so uncertain a testimony? But this is not all: suppose even the cancerous cell were the fundamental element, the *sine qua non* of a cancerous tumor, who would venture to say that that cell is not to be found in a tumor just examined, merely because it was not discovered in the fragment placed under the field of the microscope? Is it not possible that the grooved needle, though thrust with much care into the suspected texture, may only bring to light non-malignant particles, though the tumors may in reality contain

many cancerous cells; a cancerous tumor is, after all, composed of different elements—viz., cellular tissue, fat, vessels, and sometimes hardly altered mammary texture. The most skilful microscopists agree that the whole of a tumor should be examined and that its different layers and lobules should be carefully studied, before a positive opinion can be given. Thus, to be quite sure that a tumor does not contain cancerous cells, must not the former be broken up *ad infinitum*, and every particle be placed under the field of the microscope? I may then say of the microscope what I said of pain, "it throws no light upon pathology, and gives rise to much doubt and uncertainty, especially where a solution is most needed—viz., in the first stages of cancerous tumors. In fact I do not think it is possible to diagnose tumors of the breast better with the microscope than by the ordinary symptoms and clinical observations."

Medical Books.—There is less activity at present in the publication of medical books, than usual. Most of the re-publications of late are minor productions. We trust, however, that something excellent may be forthcoming for long winter evenings. Winter is the New England season for reading and study, and the period, too, when scholars of all denominations accomplish the most literary labor. Medical men are influenced, like others, by a broiling sun, and hence their literary activity commences with the approach of cold winds and snow flakes.

Medical Instruction.—Professors Morrill and Jeffries Wyman, of Harvard University, Cambridge, have for some time past attended to giving private medical instruction to students. The Drs. Wyman are eminently qualified as teachers, and students who may avail themselves of their instruction may rest assured that every facility will be afforded to perfect them in the theory and practice of the healing art.

Prof. Tully's Materia Medica.—No. 12 of Dr. Tully's work on Pharmacology and Therapeutics is just published by Dr. Church, of Springfield. This brings the book up to the 778th page. There can be no doubt of the originality of this work, or of the great learning and extensive practical experience of its author. Medical men who can overlook its peculiarities of orthography and typography, and a frequent use of unusual and lengthy terms, will find much in it that will prove truly valuable to them in their daily practice. Is it the author's or the printer's choice to separate single words into two or more, and use other words, distinctly two, as one compound word? The following are specimens:—"never the less"—"can not"—"else where"—"arrive-at"—"kept-up"—"put-down"—"take-place." &c. We are sorry to see that the publisher has cause to complain of the delinquency of subscribers in making payment for the work, as it can be finished only through their prompt settlements.

Trial of a Teacher for Manslaughter.—The report, in last week's Journal, of the medical testimony in a case of trial for manslaughter, should have been dated "Janesville, Wisconsin," where the occurrences took place. We regret this omission the more, as the report has been copied from our Journal into the public papers, where it has the appearance of describing a case in Boston.

Treatment of Epilepsy. MESSRS. EDITORS.—If “Junius” has been so successful in the treatment of epilepsy, I think it is due to the medical profession and the world, that he give the symptoms, *treatment* and progress of the cases of S. H. and G. W., whom he reports as having cured by his peculiar manner of treatment in so very short a time. N. L. F.

Learning the Deaf to Speak.—Every fact connected with the amelioration of the sad condition of the blind or deaf should be treasured up and turned to practical use when opportunity offers. The following statement is from the Kenosha (Wisconsin) Telegraph of August 14th.

“When a few years ago Mr. Horace Mann communicated to the Legislature of Massachusetts, as the result of his educational investigations in Europe, that in Paris he found a school of *deaf* scholars who *read aloud*, who *talked* rapidly, and so well as completely to deceive him; for he had heard of the fact, and visited a public school to see it for himself, and after being shown into one department, and listened awhile to the recitations, he asked to be shown the deaf department, and was surprised to find he was already in it, and had been listening to the recitations without knowing it, and that the gentlemanly attendant himself was deaf—the whole country was taken by surprise and almost incredulity. But we have in our midst a living illustration of the possibility of all Mr. Mann related. Mr. Trueman Blossom, the brother of Levi Blossom, who lives on the Racine road, just without the city limits, comes into our office regularly for his paper, and frequently to read our exchanges, and he calls for his paper, asks for the news, and converses with us quite readily. *And he is utterly deaf.* He understands what is said to him simply *by the motion of the lips.*”

Medical Miscellany.—Cases of yellow fever have appeared on board a French war steamer, at Norfolk, Va. Yellow fever has also appeared at Cardenas.—Cholera is on the increase in some parts of Europe. Several very distinguished military officers have died of it. In this country it is generally subsiding.—Dr. J. L. Pratt was recently drowned in Lake Superior, by the upsetting of a canoe. Dr. Pratt was a native of Rhode Island.—Our city is unusually healthy for the season. Very few cases of dysentery or other bowel complaints have come under our observation, and these have been exceedingly mild, yielding readily to the usual remedies.

MARRIED,—At Syracuse, N. Y., Augustus Tanke, M.D., late of Berlin, Prussia, to Miss Elizabeth Duncan, of S.

DIED,—In Glastenbury, Conn., Ralph Carter, M.D., 64.—At Litchfield, Conn., Isaac Hammond, M.D., 98.—At New Rochelle, N. Y., Dr. Burritt Sherwood, in the 54th year of his age.—At Fort Monroe, Old Point Comfort, Va., Dr. Thomas Henderson, a surgeon in the United States Army.—At Mesnasota Mines, Dr. J. L. Pratt, drowned. He went from Rhode Island.—At Norfolk, Va., Surgeon Vincent, of the French Navy.—At Lewiston, Me., Dr. Charles Millett.

Deaths in Boston for the week ending Saturday noon, Aug. 19th, 104. Males, 46—females, 58. Accident, 2—apoplexy, 2—burns, 1—inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 2—consumption, 13—convulsions, 5—cholera, 17—cholera infantum, 9—cholera morbus, 1—croup, 1—dysentery, 7—diarrhoea, 1—dropsy, 5—dropsy in the head, 5—debility, 2—infantile diseases, 6—puerperal, 1—erysipelas, 1—hooping cough, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 2—marasmus, 1—smallpox, 2—teething, 3—thrush, 2—tumor, 1—unknown, 2.

Under 5 years, 49—between 5 and 20 years, 9—between 20 and 40 years, 25—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 63—Ireland, 39—England, 1—Germany, 1.

Lead Colic.—On the 16th May I witnessed a case of this affection in St. Mary's Hospital, under Dr. Sibson, which possessed features of some interest, from the success of a form of treatment, strictly chemical in its nature. The patient, a painter by trade, had been admitted on the 13th, suffering from severe pain in the bowels, which were at the same time most obstinately constipated. The gums presented a bluish tinge near their margins, and the symptoms were unmistakably those of saturnine disease. The bowels were moved with some difficulty, and the patient was then ordered half a drachm of sulphur during the day, to be taken in treacle, and sulphur baths. Each bath contained half an ounce of sulphur, in water sufficient to cover the body. Each time, on coming out of the bath, the surface of the skin of the greater part of the body and face was blackened in color, to the alarm of the patient, but which subsequently washed off. This blackness was owing to the decomposition of the lead, and the formation of a sulphuret, which is perfectly harmless. The use of the sulphur internally acted very beneficially, keeping the bowels regular, and gradually removing the pain. He was so far recovered to-day as to desire his discharge; it was considered prudent, however, to keep him in hospital a few days longer, more particularly as he wanted to recommence work at his old trade. Dr. Sibson, in speaking of this case, informed me that Dr. Gueneau de Mussy treated the late King Louis Phillippe on this plan, when suffering with his family from lead poisoning at Claremont, with perfect success. I remember reading his paper, but forget whether it was published in the Archives Generale de Medecine, or in the Dublin Quarterly Journal. The form of treatment is simple in its nature, and, although chemical, is certainly rational in its principles.—*London Correspondent Montreal Med. Chronicle.*

Gangrene of the Lung successfully treated by Inhalations of Terebinthinate Vapors.—Dr. Skoda has published, in the *Zeitschrift*, &c. of Vienna, several cases of gangrene of the lung, in which the symptoms gave way by the use of terebinthinate vapors and the administration of quinine. In the first case, the cure was effected in six weeks upon a servant, with whom the gangrene had attacked the upper lobe on the right side. An inn-keeper, of middle age, was equally benefited by the same means, but the cure took a longer time, and a stay in the country; he also took one grain of quinine every second hour. The treatment was not properly carried out in the third case; and the fourth, that of a journeyman butcher, of a robust constitution, is still pending. The latter had, however, so far recovered, after using the inhalations, and also taking Fowler's solution, that he could go into the country, though there was still some uneasiness in the left scapular region. The inhalations are made by pouring oil of turpentine on boiling water, the inspirations being repeated every second hour, and carried on for fifteen minutes.—*London Lancet.*

War and Pestilence.—Some interesting tables have issued from the Health Office, comparing the loss of life by war and by pestilence. It appears that in twenty-two years of war there were 19,796 killed, and 79,709 wounded; giving an annual average of 899 killed and 3623 wounded. In 1848-9 there were no fewer than 72,180 persons killed by cholera and diarrhœa in England and Wales, and 144,360 attacked; 34,397 of the killed were able-bodied persons, capable of getting their own living.—*Id.*

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PUTREFACTION OF ANIMAL SUBSTANCES.

[Read by Dr. HOLLINGSWORTH before the College of Physicians of Philadelphia, June 7th, 1854.]

IN the February number of Liebig's *Annalen*, there is an interesting article, by MM. Schröder and Von Dusch, upon filtration of the air in connection with fermentation and putrefaction. Aware, from Schwann's experiments, that putrefaction does not occur in a freshly-boiled infusion of flesh, when the air which has access to it is previously exposed to a red heat, they were led to the supposition that, if the cryptogamic and infusorial germs—considered by Schwann to be the cause of fermentation and putrefaction—were mechanically excluded from entering into the infusion, decomposition would not ensue. To test this, two flasks, containing fresh-boiled meat and its decoction, were placed alongside of each other. One of these had a long tube entering it, which, during the ebullition, was packed with raw cotton, previously heated in a water-bath. Another tube, in the same flask, was connected with a gasometer, filled with water, in such a way that, as the water escaped by drops from the discharge-cock of the gasometer, air must pass through the cotton and infusion to re-place it. By this means, there was a continuous current of air upon and through the infusion. The other flask was left open. In the second week it was found that the broth in this latter flask had become exceedingly offensive. The other was opened on the twenty-fourth day, and found entirely unchanged, presenting, when heated, the characteristic smell of fresh broth. Similar results were obtained by experiments upon freshly-boiled malt-wort—it remaining unchanged for weeks, when the air which had access to it was previously filtered through cotton.

As I was much interested in these experiments, I thought I would try them myself, and taking the two glass globes, which I here present, I partially filled them, twenty-four days ago, with a strong decoction of meat. Then, while the decoction was boiling in this flask, I filled its neck, which is about three quarters of an inch in diameter and one inch long, with raw cotton, loosely packed. The other globe, containing the remainder of the decoction, was left open. The room in which they were both left was a garret—its temperature about 80°. On examination, eight days afterwards, the decoction in the open vessel emitted an intolerably putrid odor, much more offensive than it will be found

to be at present. The broth in the other vessel, which I open now, is, I find, perfectly sweet and fresh.

The true theory of fermentation and putrefaction can only be deduced from a careful examination of the phenomena connected therewith. There is no real dividing line between the two processes. The term fermentation is generally applied to those changes in which the action is most rapid, when the products of decomposition still retain a high rank as organic combinations, and in which one or more of the products are of greater or less practical value to man. Putrefaction, on the other hand, may be defined as a slower decomposition, in which the elements resolve themselves into simpler combinations, some of which emit a highly disagreeable odor, and which serve no useful purpose to man, excepting as manures, where the *elements*, not the *compounds*, are found useful. We will, therefore, treat of the two actions as one and the same, under the term fermentation.

The following are the now received theories of this process :—

1. That the decomposition is produced by a ferment, that exerts a catalytic action upon the molecules of the substance in contact with it. This, which is Berzelius's view, merely gives a name to the action, but does not explain it.

2. That the ferment, by the action of the oxygen of the atmosphere, suffers a diminution of the attractive power that holds its molecules together, which results in the formation of new compounds, and that, when this action has once commenced, it continues (even by exclusion of further access of air). A mechanical motion is thus communicated to the fermentative substance in contact with it, producing a change in its atomic structure, and forming new compounds—the products of fermentation. This is Liebig's theory. It utterly fails, however, to account for the general, if not universal presence of animalcules and plants; for the effects of heated air on fermentation; for the effects of filtration; and for many other facts.

3. That fermentation is induced by the presence of germs of microscopical animalcules and plants, which require, as essential to their growth and development, the presence of moisture, warmth, and generally speaking, air. The absence of any one of these, checks the growth of the germs, and, consequently, stops the fermentation. Many poisons, both mineral and vegetable, destroy these germs, with the like results. Schwann is the author of this latter theory. If we adopt his views, we can understand why decomposition does not take place in a fresh decoction of meat under certain circumstances. The germs existing in the meat or water are destroyed by the ebullition. Other germs are mechanically excluded by the plug of cotton; and, though moisture, heat and air are all present, the germ—the *primum mobile*—not being there, no chemical change ensues.

It should be remembered that the chemical affinities by which organic substances are held together, are very slight, and easily disturbed. They offer, in fact, but little resistance to the action of disturbing agents. Let the germs of cryptogamia and infusoria, which are always present in the atmosphere, be once deposited, and they soon grow, taking to

themselves, by endosmose, from the soil in which they are present, sufficient material for their sustenance and development. In this way, molecular attraction, in a *non-living* organic substance, soon becomes affected, and thereby resolves the substance into new and simple compounds.

The cryptogamic origin of zymotic diseases derives, we think, some support from the above views of the cause of decomposition. It is a general belief that animal and vegetable matters, in the stage of decomposition, cause various epidemic and miasmatic diseases. It is also well known that the direct introduction of putrid, decomposing, and other deleterious organic substances into the system, produces affections very similar in their nature to those caused by animal and vegetable exhalations. All these zymotic affections, though widely differing from each other in their symptoms and duration, are characterized by more or less prostration of the vital powers from the very commencement, and by a changed and deteriorated condition of the blood. Is it very improbable, then, to presume that the presence and development of microscopic germs produce the same, or somewhat similar phenomena—viz., decomposition, change, and deterioration of blood and other fluids in the living body—just as we have seen them do in dead organic matter?

It is a singular circumstance, that certain infusoria and cryptogamia are peculiar to, and are only seen to develop themselves in certain substances—resembling, in this, the floræ and faunæ of the earth, which have each their respective habitats. Yeast has its *toruli cervisii*; flesh, in a state of decomposition, its *fibrio lineola* and *monas termo*; diabetic or grape-sugar urine, its sugar fungus, &c. It is possible that each of the zymotic affections has its own peculiar fungus, the growth and spread of which is proportional to the extent and prevalence of the disease. Or we may imagine that all these affections are due, not to the peculiar or specific action of one species, but that the disease is the combined product of any one or all of them, and of atmospheric and other general influences acting upon the human system.—*Transactions of the College of Physicians of Philadelphia.*

ON THE REMEDIAL AND ANÆSTHETIC USES OF INTENSE COLD

BY JAMES ARNOTT, M.D., LONDON.

ALTHOUGH the subjects of the remedial efficacy of congelation and local anæsthesia from cold have been for some years before the public, they are as yet but little understood and appreciated. This has resulted, partly from their having been imperfectly explained, in consequence of the publications respecting them being severally incomplete, and partly from the strength of the prejudice against extreme cold. Dr. Rowley, who, in his attack on cowpox, declared that the accounts which he had heard of the terrible effects of communicating the “cruel and beastly” disease were enough to “freeze the soul,” was probably not more horror-stricken than some have been by the proposal to freeze the body;

and the introducer of vaccination was hardly more abused than the proposer of congelation has been. It is in the hope that this prejudice may be thereby abated, and the subject rendered better understood, that the following brief statement is published. Even in France, where both the remedial and anæsthetic uses of intense cold have been turned to account for some time by M. Velpeau and other leading practitioners, there is still much doubt about the best mode of applying the agent. In a paper in the *Bulletin de Therapeutique*, of the 15th ult., M. Richet, Surgeon of the Hospital Saint-Antoine in Paris, reports thirteen operations in which local anæsthesia had been produced by the very imperfect means of the quick evaporation of ether.

As no remedy has been longer in use, and few are more valued than the local application of moderate degrees of cold, or a temperature ranging from that of dissolving ice to about 70° of Fahrenheit, it may at first appear singular, that a greater or more powerful remedial effect should not have been sought by increasing the dose of the agent, or employing a lower temperature, in the same manner as we have sought and found much greater remedial benefit in many cases by using mercury, antimony, quinine, and other drugs, in larger doses than had been customary. The reason is that medical men were under a most erroneous impression respecting the effects of very low temperatures on the body. Because a temperature of zero stops the circulation, and because the vitality of a part has been lost by its *long-continued* congelation, whether caused by exposure to severe cold in winter, or by the incautious use of ice in hernia and other diseases, it was hastily and erroneously inferred that there was danger of loss of vitality from *short-continued* congelation. The mistake would not be greater to infer from the fact, because a long-continued stoppage of the circulation through a limb from an improper application of a bandage has occasioned gangrene, that it would be dangerous to use the tourniquet in operations.

The correction of this error will be deemed of no little importance when it is considered that in short-continued congelation, judiciously applied, we have an unfailing means of immediately arresting inflammation wherever it can be reached by the remedy; of not only giving speedy relief from pain in many diseases, but in consequence of the organic changes produced by it, of obviating the return of pain; and in malignant disease, of producing an amount of benefit much exceeding that yet accomplished by other means. Although much inferior in importance to these results, it is yet another great benefit conferred by intense cold, that the pain which would be otherwise caused by the greater number of surgical operations can be prevented by it with perfect safety; and not only can pain be prevented, but the inflammation proceeding from the surgeon's knife, that so often proves fatal, may also be obviated by the same means, and with almost equal certainty. It will be proper to consider the remedial and anæsthetic effects of intense cold separately; but before doing so, it is necessary to mention how this degree of cold is produced and applied, as well as to attempt an explanation of its mode of operation.

That degree of cold may be called intense which immediately be-

numbs the part to which it is applied, speedily stops the circulation through it, and congeals the adipose matter. I have usually produced these effects by placing what are termed frigorific mixtures either immediately in contact with the skin or mucous membrane, by means of a net of thin gauze containing them, or by allowing them to act through thin bladders, or metallic vessels of appropriate form ; but there are various other ways of effecting the same object, some of which are preferable for certain purposes. Substances passing rapidly from the solid to the fluid, or from the fluid to the aeriform state, strongly abstract caloric from other bodies in contact with them ; and substances, either solid, fluid or aeriform, already sufficiently cooled by artificial means, may be placed in contact with the part : the first, as solid metallic balls of appropriate shape ; the latter two, when forming strong currents. When cold is produced by the common frigorific mixture of ice and salt, and applied by means of a gauze bag or net, the following is a convenient mode of proceeding :—If the congelation is not to be extensive or long-continued, a piece of ice of the size of a large orange will be sufficient. This is well pounded in a coarse cloth or bag, and the powder being placed upon a large sheet of paper, is thoroughly mixed, by means of a paper-folder, with about half its weight of common salt. The mixture is then put into a net of about four inches diameter, and as soon as it begins to dissolve, it is ready to be applied. The net is not kept motionless on the part, but is frequently raised in order that fresh particles of the mixture may be brought in contact with the skin ; and the water that escapes from it may be absorbed by a sponge, or allowed to fall into a basin placed underneath. If the surface to be acted upon is of small extent, a very thin and large copper spoon containing the mixture, or a solid brass ball of about a pound weight, which has been immersed in ice and salt, will often answer, and be a neater mode than the net.

The moment a gauze net, or a thin metallic vessel containing ice and salt, is applied to the skin, it is benumbed. There is hardly a sensation of cold produced, and no tingling or smarting. If the contact of the frigorific be continued a few seconds longer, the surface becomes suddenly white, in consequence, doubtless, of the arrest of the circulation ; and this change of color is attended with a slight smarting like that produced by mustard. There is now complete anæsthesia, which, if the frigorific were removed, would remain complete for several minutes. But if the frigorific be allowed to act, another change is produced—the adipose matter under the skin is congealed, and the part becomes hard as well as white. The depth to which the benumbing influence of cold will extend depends upon a variety of circumstances, as the degree of cold, the duration of the application, the vascularity of the part, whether pressure is used or the circulation is suspended, &c. &c. After the usual application of cold for anæsthesia, the circulation soon returns to the part, and the skin assumes a red color which lasts for several hours. If the congelation has been considerable, there is now some smarting felt, unless the natural heat be more gradually restored by pouring cold water on the part, or by placing on it a little pounded ice, or a bladder contain-

ing iced water. If the application has not exceeded the first stages, there is no smarting, and no necessity, therefore, for such precautions.

The redness produced does not, as might at first sight be supposed, indicate an inflammatory condition, but the very reverse. The tonicity of the small arteries appears to be lessened or suspended for a time, and instead of being inflamed, the part is rendered unsusceptible of inflammation. Parts cut after congelation heal by adhesion or the first intention more quickly than they otherwise would; and, as has already been said, we possess in this expedient a certain and prompt remedy for every inflammation accessible to its complete influence.

I. *Remedial Uses of Intense Cold.*—The remedial qualities of intense cold may be described as antiphlogistic, anodyne or sedative, and specific; and it is useful in the diseases for which other remedies possessing these qualities have been employed, viz., in inflammatory, painful or irritative, and malignant diseases. The circumstance which limits its application in these, is the impossibility of extending its influence beyond a certain extent or depth, although it is certain, from its effects in deep-seated disease, that this influence, whether it be direct or sympathetic, is more extensive than would at first be supposed. It may be laid down as a rule, that in every case in which the local application of moderate degrees of cold has been found of service, the use of well-regulated congelation would prove much more useful; and in those diseases of similar character, in which moderate cold has not been employed from the idea that their seat was beyond its reach, congelation might be tried with reasonable hope of success. Intense cold has this immense advantage over other powerful remedies of the same class, that it may be used with impunity—if it does no good it will do no harm. Who will venture to affirm this of bleeding, mercury, antimony, opium, chloroform, arsenic? Neither in my own practice, nor (so far as I can learn) in the practice of others, has there been any untoward result from the use of congelation. Its action being confined to the diseased part, and not uselessly expended on the rest of the system, affords the explanation. Other topical remedies have much the same character for safety, but what other expedient of this class has a tenth part of the power of intense cold?

Instead of enumerating the diseases in which this agent has been employed according to the above classification, I shall mention, first, those in which it has been more or less successful; and, second, those in which it might, reasoning from analogy, be tried with hope of advantage. In administering intense cold as a remedy, the common or a more powerful frigorific has been generally applied directly to the part, or with the intervention only of the thin gauze containing it; and the duration of the congelation has been from one to ten minutes.

In the spring of the year 1849, I requested the house-surgeon of the Brighton dispensary to apprise me of every case of acute lumbago that came under his notice, and in all of these, amounting to nine, I employed congelation with perfect and permanent success. The net containing the ice and salt was passed to and fro for five minutes, over a surface of about eight by four inches, the skin being blanched during

the whole of this period. In only two or three cases was it necessary to apply the remedy twice. Several of the patients rose immediately afterwards from their beds to which they had long been confined. In most cases of chronic rheumatism, the remedy has been equally successful; and this, on account of the frequency of the disease, is one of its most valuable applications. Sciatica has generally yielded to it, but by no means so easily. In acute rheumatism, the local inflammation of the joints is, by this means, invariably and completely relieved, and that portion of the accompanying fever thence arising, is consequently removed. The disease, thus treated, will run a painless course of about a week's duration. In no case, of about a dozen in which congelation was almost exclusively employed, was there extension of inflammation to the heart; and I am persuaded that the best plan of preventing this, is to subdue the inflammation of the joints from which it generally originates. I did not use the remedy in cases where the heart was already affected, though I have since learned that congelation is employed in the hospital at Vienna (where it was introduced some years ago by Dr. Waters of Chester), as an application to the chest in rheumatic carditis. That this affection of the heart would occasionally occur during the treatment of acute rheumatism by congelation is very probable, because it often arises, as the same affection of the joint does, from a morbid condition of the blood over which the remedy can have no control; and that such an occurrence, in the present feeling on the subject, would be called metastasis from cold, is very certain; but I am convinced that it will yet be acknowledged, though probably after many years, that this affection would be much decreased in frequency by the adoption of any means capable of quickly subduing the accompanying arthritis. When it is considered what an immense amount of eventual mischief arises from the organic disease of the heart that occurs under the common modes of treating rheumatic fever, to say nothing of the patient's present sufferings and tedious confinement, it is to be lamented that prejudice should oppose any measure of greater promise. In rheumatic gout, the relief has been as marked from congelation as in lumbago. In ordinary inflammation of the joints it has also been exceedingly useful. Ophthalmia has been immediately cured by keeping the frigorific in contact with the gently-closed eyelid for three or four minutes. Glandular inflammation in the neck and groin, yield to a high degree of cold with equal facility. I have been told that in orchitis, its beneficial operation is immediate; and I have little doubt that, from its closeness to the surface, the urethral inflammation causing orchitis, would be quickly suppressed. Congelation has often at once converted an irritable into a healing ulcer, though sometimes the patient has complained of the pain of the operation; it is probable that had the salt in the mixture been prevented coming in contact with the irritable surface, this would have been in a great degree prevented. Certain acute inflammatory affections of the skin are equally under its influence, as erysipelas, eczema, impetigo. It has not often failed in prurigo, but in only one case of psoriasis has it appeared to be of service. Painful nodes are at once relieved by this means, and the inflammation subdued. I have only used congela-

tion in carbuncle as an anæsthetic previously to cutting it, but it is probable (judging from its effect in severe boils) that the incision might have been dispensed with. It has been mentioned to me that severe cold has been employed with the same view in whitlow, of which it is certainly a sufficient cure. The inflammation following sprains, contusions and other similar injuries, is perfectly under its influence; and the same may be said of burns. In one of my publications on the subject, I have related the excellent and speedy effect of congelation in a case of meningitis, and also in a case of peritonitis; I have not had the opportunity of trying it in other affections of this description. Headache of various kinds has at once yielded to the application, for a minute, of a frigorific over the painful part; and in neuralgia affecting the side, it has generally proved efficacious. In neuralgia attacking the face and other parts, it has often succeeded and often failed. If the seat of the disease be deep in the brain, little can be hoped from this remedy, although there are few obstinate cases of neuralgia in which it does not deserve a trial. Toothache is generally at once relieved by it if properly applied; and there is no remedy for the painful affection of the mouth caused by mercury comparable to congelation. A spoonful of dissolving ice and salt is repeatedly put into the mouth, until it becomes benumbed. In one case of severe scurvy of the gums, where I feared a loss of the teeth, extensive congelation of the gums immediately arrested the disease.

In many of the diseases just enumerated, the promptness of the cure is as remarkable as its certainty. In military and hospital practice this advantage is very prominent.

In cancer the effects of congelation have been various. From my own experience, and that of others, I think that in its early stages, and when from its size the tumor can be thoroughly brought under the influence of the remedy, it will be cured by it. In all stages the progress of cancer will be arrested or retarded, and the pain accompanying it assuaged. The difficulty in advanced cases is to cause a sufficient degree of cold to pervade the tumor. The French translator of a recent paper of mine on the subject (*L'Union Medicale* for May), thinks that the frequent occurrence of cysts in cancerous tumors may facilitate this. But if layer after layer is acted upon, it may be enough. In cancer of the womb the frigorific is applied by means of a speculum, and one stronger than ice and common salt will generally be required. The opinions of Dr. Hughes Bennett respecting the nature of cancer have much influenced the mode in which I have used congelation in its treatment. M. Velpeau states in his recent elaborate work on diseases of the breast, that he has employed *long-continued* congelation as a substitute for caustic in cancer; but of this effect of the agent I have no knowledge.

There are other diseases in the treatment of which severe cold would probably be very useful. It might be applied with such a hope to the spine in tetanus, or to the scalp in certain varieties of mania. After gunshot and other severe wounds, it would prove a powerful preventive and cure of inflammation. Even in pleuritis and other deep-seated inflammation of the chest, as well as in various uterine affections, benefit might rationally be expected from it. In two cases of epidemic cholera,

I administered a succession of draughts of a temperature of about 25° Fahrenheit, with apparently excellent effect; and I cannot doubt that the application of cold to the interior of the stomach, which, as appears by the recently-published report of the College of Physicians, is the only treatment of cholera which has been unanimously approved of, has not been carried far enough. If the irritation of the mucous membrane be considerable (as it must be, to account for the exhausting and fatal discharges), the temperature of ice merely is not sufficient to subdue it.

II. *Anæsthetic Uses of Severe Cold.*—As patients now expect to have every operation performed without pain, both they and their surgeons will be glad to have an easy and agreeable means of accomplishing this, in all the common operations, unaccompanied with the dangers of chloroform. What can be less troublesome in opening an abscess, for instance, or making a cutaneous incision, than touching the skin for a moment with a small brass ball that has been immersed for a few minutes in ice and salt, or a thin spoon filled with such a mixture? It is true, that in deep-seated operations such a means can only suspend the sensibility of the skin; but it is the incision of the skin which constitutes the most painful part of every operation, and if this be benumbed, a smaller, and consequently less hazardous dose of ether or chloroform than has usually been administered, would be enough to remove the sensibility of the other tissues. These deep-seated operations, however, constitute a small minority, and if the list of recorded deaths from etherization be referred to (now amounting to more than fifty) it will be found that in three fourths of the number, complete anæsthesia might have been produced with perfect safety by cold.

M. Velpeau, who introduced anæsthesia from cold into France, has, in a lecture on the subject recently reported in the *Gazette des Hôpitaux*, expressed the doubt, whether in some operations, the hardening of the tissues by this means might not prevent their being cut with ease. I have not found this to be the case, nor does he himself allude to this supposed disadvantage, when, in his work on diseases of the breast, he mentions that he has excised tumors after anæsthesia from cold.

The fear of re-action I have already adverted to in the prefatory observations. Instead of re-action being produced, the anæsthetic is a preventive of inflammation from the wound; and were it used for this purpose alone, it would be invaluable.

Local anæsthesia from cold may, as has already been observed, be produced in a great variety of ways. Some of these may be applied so as to cause immediate congelation, but it is questionable whether the anæsthesia is not more extensive and lasting when more slowly caused. Such details, however, are unsuited to the general view of the subject intended by the present communication, which, I fear, has already exceeded its proper bounds.—*Edinburgh Monthly Jour. of Med. Science.*

PUERPERAL CONVULSIONS.

[Concluded from page 54.]

ONE cause of spasm is avoided by giving ether, where the patient labors hard, and there are no other symptoms pointing to this end. From physiology we learn that respiration is closely connected with the medulla oblongata; that mechanical injuries of it cause sensible modifications of this function. It is, therefore, of importance to parry everything that conspires to the smallest morbid influence upon the organ. Whether in case of convulsion with insensibility the impressions are primary at the medulla oblongata, or the two more sentient divisions of the brain, is a matter of small consideration so long as we do not often find an instance in which there is not sympathy synchronous with morbid change in either, which fact we know from the immediate interruption of functions belonging to both. We can suppose the amount of functional derangement that would result from reducing the respirations from 18 perhaps to three or four in a minute, where violent action of the expulsive system coincided with this means of imperfect aeration and congestion. The influence of *impure* blood upon the brain is seen in the immediate action of substances taken into the circulation from remote organs, and in a condition less favorable for ready assimilation. But the inspiration and retention of a substance adopted without any digestive analysis for nervous aliment, and acting with a kind of electrical pervasion and rapidity upon the sentient centres, must be readily conceived to produce much injury without a decisive mode of operating. Such is the effect of carbonic acid, forced into the circulation by singultus and long expulsive inhalations of some patients in labor. The agency of this substance in the air-cells to change the regularity of respiration by impressions made upon the peripheral extremities of the vagi and pneumogastric nerves, is well known. If, therefore, anæsthesia will regulate the respiration, it is adding something to its utility in warding off congestive convulsion.

Similar measures should be adopted in keeping off puerperal epilepsy, as those in use for the usual form from other causes, where the patient has warning of the attack. The convulsions succeeding confinement usually present the same characteristics with cases which are hereditary and disconnected with labor or gestation. There is usually the same heraldry or suddenness, attended with distortions, stertorous breathing, &c. It is necessary, therefore, in protracted labors in which the patient experiences acute pain, with the os uteri unyielding, to notice particularly for premonitions of this disease, and if observing, together with the convulsive diathesis, anything holding a near relation to spasm, it will be conservative to anticipate an attack by some impression upon the nervous system both by manner and medicine.

"Sunt verba et voces, quibus lenire dolorem,
Passis et magnam morbi deponere partem."

I have been told within a few days, by an habitual epileptic formerly, that she generally had warning of attacks, and often prevented them by resorting to placebos, which seemed as essential as any decidedly medicinal

effect of the remedy. It is proper to state that in this case there is no approach to hysteria in the confirmation, no periodicity in the attacks, nor in those of the patient's daughter, who inherits the disease. The mother does not remember having fits common to children from teething, cold and indigestion. Her daughter, on the contrary, had a fit when about 18 months of age, another at about 9 years, and along at irregular intervals to her present age, 19 years.

An eccentric attack of epilepsy, connected or not with labor, could be experienced in a temperament very little sympathetic, without much detriment to the brain. In such persons the form of the disease is more apt to be centric than sympathetic, or resulting from causes more remote from the brain and spinal axis. Such will not be liable to convulsions resulting from local irritation communicated by afferent nerves; consequently in attending this class in labor, the only fear of the disease is during and after confinement, and the principal cause is probably venous congestion augmented by the narcotic effects of carbonic acid retained by holding in the breath. By learning if the patient has been subject to spasms of childhood, and noticing the condition of the head and circulation generally, it will be easy to decide upon the necessity of anæsthesia.

I have never seen any of the sluggish, non-communicative nerve who had warning of the attack, or even experienced the epileptic *aura*. The young lady whom I have mentioned is one of the phlegmatic habits, in whom, probably, the cause is located near or within the cranium, and who, doubtless, owing to the difficulty of transmission even to the cerebrum, will undergo many ulterior fits before much mental deterioration is perceptible. In these habits epilepsy produces little disturbance in remote parts of the body, or even distortions of the adjacent muscles, because the morbid influence is not radiated readily in any direction. In these cases chloroform would effect a more involuntary delivery by throwing the expulsion more exclusively upon the uterus. It might slightly protract the labor, but not much beyond the time that would be required by substituting the compress used by some over the abdomen, and it would materially diminish the liability to convulsion.

When the pains have become established and recur at short intervals, ether does not abridge the energy of the uterus. It prevents the synergistic action of the diaphragm and expiratory muscles, consequent upon which is uniformity of respiration, which equalizes the motion of the blood and renders convulsion, of which any engorgement of vessels within the head is a causative item, much less liable to supervene.

The following came under my notice in 1850, in the State of Ohio.

CASE.—Mrs. W. I. M., age 22, nervous sanguineous temperament, symmetrical proportions, moderately full habit, was confined 13th of April with the first child, a girl. Nothing preternatural in the labor, which proceeded well until the detraction of the placenta, upon which she remarked that it gave her pain, and immediately went into the most frightful convulsions. Previous to confinement, patient complained of pain for a few months along the spine, showing that gestation alone had produced much nervous irritation. She was not of an excitable nature,

and had not magnified her coming distresses. After delivery there were the symptoms of nervous exhaustion. The bowels did not move, the urine was retained, the lochia were scanty, the pulse weak, and the abdomen tumefied. The case was attended with horrid distortion of the face, stertorous breathing, opisthotonos, blindness and paralysis of the tongue.

Treatment.—The patient was bled sparingly, the bowels stimulated to motion, together with topical remedies to the head, spine and abdomen.

Remarks.—The pain in the back seemed to proceed up the spine, was evidently radiated from peripheral extremities of nerves to and along the spinal medulla, and was the symptom to have been taken as the true *aura epileptica*—positive premonition proportionate to its emphatic sensation beyond the scarcely-perceptible radiating influence, the usual accompaniment. A dull pain in the back attends, perhaps, upon a majority of cases, but is quite distinct from that which is sometimes transmitted along the course of nerves like electric fluid. Toothache is sometimes a harbinger of convulsion, but it is easy to distinguish the neuralgia proceeding from cold, exposure of a nerve, &c., from that connected with the gravid uterus. The disease commenced by a turning of the neck to one side, a peculiarity noticed by Mr. Watson in most cases of uncomplicated epilepsy—the *muscularum convulsio cum sopore* of Cullen. There was protracted succession of spasm at intervals of from ten to thirty minutes, and continuing for six hours, besides the termination of convulsions long before the return of consciousness.

Respecting anæsthesia in primiparous women, with a dryness of the parts and rigidity or continuous tonic spasm of the perineum, it is often of great benefit, though no farther indications point to spasm. The utility is more apparent in these cases in safely terminating the labor if the os is somewhat dilated before the administration, when the rigid parts will generally yield readily. There is so much fear with these patients, that if the sentient nerves are allowed to act, they actually retard the labor by a kind of general muscular tonicity, over which pain causes the will to exert an inordinate influence, which even extends to the uterus, as would appear by its dilating more rapidly at the inception of unconsciousness.

CHARLES BELL, M.D.

Nantucket, August, 1854.

CASE OF TAPE-WORM.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case of tape-worm, which came under my observation, may be worth recording.

N. S. Chapin, of Columbus, Ohio, 37 years of age, large, muscular, and of sanguine temperament, presenting symptoms of tænia, was treated accordingly.

On the evening of July 20th, 1853, at 20 minutes past 4 o'clock, P.M., administered $f\text{ } \frac{ijss.}{\text{ol. terebinth.}}$, followed in twenty minutes by $\frac{3}{4}$ jss. ol. ricini in Port wine. At this time the patient felt dizzy, feeble and tremulous, with indistinct and confused vision. The bowels were

moved in an hour and a half after taking the castor oil. Oil of turpentine was manifest in the discharges, which were fluid-like and caused smarting of the anus. Within ten hours after this time, the bowels operated fifteen times, and the discharges were all watery. At the eleventh operation a piece of worm came away, about two feet in length. The twelfth discharge, as represented by the patient, brought away a mass of worm about half the size of the fist; this, I regret, I did not see. A whole and perfect worm, showing slight symptoms of life, came away at the next discharge, which upon mensuration, I found to exceed twenty-five feet in length. The specimen is a fine one. The cephalic and caudal extremities are perfect. I have it preserved in alcohol.

For the last fifteen years the patient has experienced many singular symptoms and inexplicable derangements, inducing him to consult a great number of physicians; but from their prescriptions he had derived no benefit, the old symptoms continuing to harass him as ever. The true nature of the difficulty was never suggested.

Among the symptoms experienced by him during the time mentioned, may be enumerated—continual irritation of the nose, causing him to pick it much with the fingers; indigestion; flatulence; itching of the anus; irregularity of the appetite, alternating with anorexia and voracity; sour stomach; debility; depression of the spirits; night-mare, with continual restlessness night and day. The nervous derangements were predominant, and at no time was there any diarrhoea.

Since the medication with turpentine and the discharge of the tænia above referred to, the patient has experienced entire freedom from all the distressing symptoms that for so long a time compromised his happiness. He follows the laborious occupation of a miner, and is now ruddy, robust, and in the enjoyment of the highest state of health and vigor. The sudden and thorough change in the health of this individual for the better, places tænia as the cause of his derangements beyond all doubt. Had the same remedies been employed at first that in the end proved successful, I have no doubt that my patient would have experienced the same relief ten years since, that it was his fortune to receive about one year ago.

This case, to my mind, illustrates, in a forcible manner, the necessity of a careful and scrutinizing analysis of such cases as present themselves with a train of obscure symptoms, which have lingered for a long period of time, with a view to *hypothesize*, if not ascertain the prime origin of the difficulty, and thus prompt to a fit and successful course of treatment.

From much experience in the treatment of entozoa, I am satisfied that if not a specific, turpentine is preëminent in the materia medica for its power in expelling them from the human body. In fact, the operation of the remedy is so successful and perfect, that we feel little inclined to seek for any other. Yet, its use, to answer expectation, demands attention and skill. Turpentine most thoroughly shortens the existence of these repulsive tenants of the intestines. They give way before its sickening and destructive properties; the laws by which they live, thrive, luxuriate, revel and retain their position, are suspended; they become

an easy prey to the vital forces, and by the aid of castor oil, are soon, with other matters, discharged from the bowels.

In the smaller varieties of entozoa *f* *ss.* *ol. terebinth.*, followed in the course of twenty or thirty minutes by *ol. ricini*, is amply sufficient for an adult, and in proportion for children; but in the treatment of tape-worm, double the dose, or more, is necessary to disable them to such extent that they may be discharged from the bowels by the strong contractions excited in them through the stimulus of the turpentine and castor oil. No results may be feared from such doses as I have indicated, save tremulousness, giddiness and indistinctness of vision.

Turpentine possesses the power, not only of destroying and aiding in the expulsion of entozoa, but likewise of obviating that morbid condition in which they find their origin. From this quality of the remedy, in cases of long standing, I am in the habit of administering a dose every week, for several consecutive ones, after all the parasites have apparently been dislodged; and the propriety of this course certainly recommends itself to reason.

CHARLES D. CLEVELAND.

Grass Valley, Cal., July 25th, 1854.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 30, 1854.

Sanitary Measures.—Some people can never be satisfied, even when their own propositions are promptly carried out. A habit of constant fault-finding constitutes a disease, which may in extreme cases be advantageously treated by medicine. Wherever the cholera has been developed, the first popular movement has been to censure the public authorities, whether selectmen, commissioners of sewers or physicians, and the welkin rings with their culpable neglect in not doing this thing or that, which it is supposed would certainly have averted the threatening calamity. If a sporadic case of what appears to be the cholera happens to occur in some crowded and dirty cellar, or somebody has the stomach ache in an old house that was not painted, papered and varnished at the public charge, then it is popular and right to denounce the public authorities for not guarding those peculiar localities. Now a pestilence, especially one like the cholera, goes where it listeth, the laws by which it is governed being little understood. It is therefore unjust to find fault with faithful health officers in regard to such sanitary measures as they may have adopted, when the true course of management for keeping off the cholera is unknown. Throughout the country generally, a system of cleanliness has been thoroughly adopted, and yet the cholera has not been kept away. No one knows, however, how much it has been curtailed in violence and extent, by the efforts which have been made to sustain the public health.

Medical Lectures.—From the indications of the times, a spirit of rivalry as well as enterprise will very soon be apparent in regard to medical lectures. Circulars and pamphlets are multiplying, and the world of science is assuming a busy aspect. Occasionally some one expresses a doubt of the

propriety of contending in the market for patronage, like bidders at an auction, and thinks it undignified for learned professors to cater so very boisterously for students. It is unquestionably a kind of baiting game, and, like the early settlers of Maine, those who place the largest pieces of meat in their traps, catch the most bears. Brilliant descriptions of facilities, such as library accommodations, cheap tuition, board for nothing and the washing thrown in, in new institutions, seem to take well with some, but the morality, and even the policy of such over-painted pictures, is questionable, as cheap professors invariably become associated with second-rate colleges. If it is important that the medical profession be sustained, and if physicians are of any value to society, our schools must be—not merely cheap ones, but such as will permit the student to be thoroughly instructed.

Cancer-Curing.—It cannot be denied that the tendency to a special line of practice, now so manifest in the profession, commenced in this country with quacks, who have always had a prosperous business in any specialty which in their ingenuity they chose to adopt. That of cancer-curing, both in past times and at the present moment, succeeds admirably with them. A thousand kinds of anomalous pimples and perplexing ulcerations, not readily mastered by ordinary medication, at once fall to the domain of the cancer doctor, who in a majority of cases really manages them exceedingly well. Now if the people did but recognize the fact, that by attending to one class of ailments, a greater degree of skill is sometimes attained, even by an illiterate pretender, than by the physician who in a hurried manner attends to every thing in the way of human disabilities, medical pretenders could not subsist by their vocation. At no period in the history of medicine have cancer-curers been sustained more liberally than in this day of science; and their patrons are not the ignorant, low, irresponsible persons sometimes supposed, but oftentimes gentlemen and ladies of position and means too, who seek their advice and pay them liberally for their efforts. Why would it not advance the interests of scientific medicine and professional respectability for some excellent practitioner—in Massachusetts, for instance—to brave the common belief that all cancer doctors are of course quacks, and give his exclusive attention to that mismanaged department of practice? Such a one, beginning with a good reputation as a man and practitioner, would soon secure a remunerating income, which would in time be superior to that of a mixed practice, and very shortly the illiterate mountebanks would disappear under such a competition.

Old Age.—"Andrew Drew, Esq., of Durham, N. H., is now living, and enjoying as good health as usual, at the advanced age of 100 years and 5 months. His head is as free from gray hair as when but 20 years old. Mr. D. had a wife and two sisters; his wife died at the age of 95 years; one of the sisters is now living at the age of 103 years, the other died at the age of 95. Mr. Drew lived with his wife 76 years and has always enjoyed good health; for 76 years he did not fail to be present at the annual town meeting. Several inquiries were made as to his manner of living, from which we learn he has always been industrious and temperate, used a moderate share of spirit, rose early in the morning, managed his own farming affairs, and meddled with no man's business but his own. What seems most remarkable is, that two families connected by marriage should live to so advanced an age, unless special care had been taken to preserve health."

That longevity is an inheritance, is placed beyond a doubt. Some whole families die at an average of about 50 years, and others at a shade beyond; while some, from generation to generation, live to eighty-five and a hundred. Hill countries, however, as a general thing, are the regions where the greatest longevity is attained in the United States. The same is true of Scotland and Syria. In Russia, which is a level country, specimens of old age are occasionally recorded, which are very remarkable, when compared with the ordinary length of days in most civilized countries. But the clearness of the atmosphere in Russia, its vital purity, is what conduces to such longevity, and not the intense cold of the country. On the other hand, in the desert of Arabia, old age is the peculiar inheritance of the wandering tribes. There the sun is intensely hot, but they breathe untainted air, and subsist on the simplest diet. With the few facts which we possess in regard to the conditions of mankind under different temperatures and in different localities, we shall never, perhaps, be able to solve the problem why some are destined to long life and some to an early grave. Yet we are taught by history, the public records, and daily observation, that longevity obtains from one generation to another in certain families, and that we may therefore consider it an inheritance.

Camphor producing Insanity.—The following item of medical intelligence, although not taken from a professedly scientific work, is probably authentic, and contains facts with which medical men should be acquainted. The lunatic asylum referred to, is probably the one in Toronto, Canada West, as the article itself is copied from the Toronto Colonist.

“We are informed that no less than eight persons have been admitted into the Lunatic Asylum in a state of insanity, occasioned by consuming quantities of camphor to prevent cholera. Some of them carried it about in their pockets, and kept from time to time eating small quantities of it. Others took it dissolved in brandy. In all cases where it was taken in any quantity it produced insanity.”

Malformation of the Eye.—Two cases have lately been recorded in this Journal, of unusual malformation of the eyes. The following additional case is from the last number of the New Orleans Medical News and Hospital Gazette. It was noticed in a patient of the Charity Hospital of that city.

“A singular malformation presented itself not long since in the case of a patient who had entered one of the medical wards of the hospital, viz: congenital displacement of the right eye. He states that he has always believed the deformity to have been the result of some accident at birth; such was the opinion of his mother. This is evidently incorrect. His face presents the following appearance: Generally well formed; left eye perfect; on the right side the palpebræ are nearly of the natural form, but slightly sunk in, with tarsal cartilages somewhat shorter than is normal and in constant contact. The palpebral fissure is on a line somewhat more elevated than that of the opposite side. The lachrymal papilla and the lachrymal gland, as well as the meibomian glands, are perfect; no rudiment of caracula exists. On separating the eyelids they are seen to be lined with the mucous membrane, which is perfectly natural in appearance. On introducing the finger between the palpebræ, the space usually occupied by the globe of the eye is found to be empty, the mucous membrane form-

ing a complete cul de sac, and presenting no traces of a rudimentary organ. The finger being placed in the cavity of the orbit, and pressure being made on its inferior surface, a round resistant body is distinctly felt, which resembles the eye in size and consistence; this is apparently covered in by a layer of adipose tissue. Pressure upon it causes no pain further than a sensation somewhat like that produced by a similar action on the healthy eye. The inferior border of the orbit can be distinctly defined, and is situated on a line at least one half an inch lower than the corresponding portion of bone of the opposite side. On making pressure between the inferior tarsal cartilage and the inferior orbital ridge, the same moveable body, felt as above mentioned, is found to roll under the fingers. The patient left the hospital cured of the disease for the treatment of which he had entered—diarrhœa."

Cod-Liver Oil in Phthisis.—The contradictory opinions entertained by physicians respecting the value of cod-liver oil in the treatment of consumption, are well known to our readers. These have been shown in our own pages of late, as well as in other medical Journals. Dr. Thompson, of London, whose work on consumption was lately noticed in this Journal, of course treats on this important matter, and his views respecting it are worthy of attention, especially as he has had the advantage of being "Physician to the Hospital for Consumption and Diseases of the Chest," at Brompton. The following synopsis is from the Edinburgh Monthly Journal.

"The superiority of cod-liver oil over every other actual remedy is admitted by Dr. Thompson; 600 gallons of it are annually consumed at the Consumption Hospital—a fact which tells its own tale. It is given in doses of one or two drachms at first twice a-day, the dose being increased to half an ounce three times a-day. 'I have seldom found any advantage from going beyond this limit.' Dr. T. approves of the use of liquor potassæ, and mixes this at pleasure with the oil; of the benefit of alkalies in certain stages of the disease there can be no doubt. Sometimes the stomach will not suffer the oil, and then Dr. T. rubs half an ounce or so of it as a liniment into the thorax night and morning; and 'satisfactory results have been sufficiently frequent to authorize the measure.' Cod-liver oil has no pernicious influence in promoting either hæmoptysis or diarrhœa; if anything, its effects are rather astringent. A few drops of creosote often render the stomach tolerant of its use; infusion of walnut leaves (a remedy much vaunted by some foreign writer in scrofula) is an agreeable vehicle.

"Here Dr. T. pauses to ask if a remedy with such powers will ever fall into disrepute under the fluctuations of fashion; it has, it appears, already done so. Dr. Percival, half a century ago, dispensed fifty or sixty gallons of it annually with surprising good results in cases of old people whose joints were stiffened, &c. 'Except,' he says, 'bark, opium and mercury, I believe no medicine in the materia medica is likely to be more serviceable.'

"Vegetable oils, almond, olive, Dr. T. decides, have no important therapeutical influence; he never could attribute any benefit to them. Fish oils resemble each other in medical properties. Neat's foot oil gives results as favorable as cod-liver oil, and has been found to answer where this has failed; 'it must be regarded rather as an equivalent than as a rival.' Cocoa-nut oil appears an exception to the other vegetable oils; from late experiments, Dr. T. finds it as efficacious as the cod-liver oil; it is cheaper, more palatable, and has been found of avail where the fish oil had failed."

Albany Medical College.—The autumnal course in this well-established school commences, as will be seen by reference to our advertising page, next week—the first Tuesday in September. Rumors having been circulated that the prevalence of cholera in Albany would prevent the commencement of the term at the usual time, we are happy to have it in our power to state that there is no foundation for such a report. The disease has not prevailed extensively in that city at any time during the summer, and now it is fast disappearing there, as in every other part of the country. The term will therefore commence next week without fail; and with such veterans at the head of the school as Professors March and Armsby, and with the aid of their able associates, it cannot be otherwise than that the course will open under the most flattering auspices.

Abatement of the Cholera.—By reference to our weekly report, it will be seen that the mortality from cholera is not increasing in Boston, although the number of deaths from all causes was somewhat higher last week than for any previous week the present season. A subsidence of the disease seems to be general throughout the country; and there is apparently little doubt now that the epidemic of 1854, as it stands recorded by the side of similar inflictions of former years, will be called a light one. As in other visitations, the great majority of its victims have been the intemperate, the filthy and the imprudent—although, as in those seasons, individual cases have taken place among those who by their temperate and proper course of living would seem to have been the most secure from an attack. In Boston, the whole number of deaths by cholera reported to the City Registrar the present season up to Saturday last, was 218. In 1849 the disease began to prevail here about the same time in June as the present year, and the number of deaths up to the last week in August was 380; the whole number during the epidemic, 611. It ceased to exist the first week in October. In New York, last week, the number of deaths from cholera had dwindled down to three or four a-day, and the public daily reports were discontinued. The number of cases received into the two hospitals there, up to Aug. 25, was 696; of which 322 died, 323 recovered, and 51 remained.

Death of Physicians by Accident.—The following notices of two recent melancholy deaths by accident, show that physicians are liable to all the common casualties by which human life is cut short, as well as those which are peculiar to their profession:—

“The Litchfield (Conn.) Enquirer gives the following in reference to the unfortunate drowning of Dr. J. C. Hatch, of Kent:—“He had driven into the Housatonic river to wet his carriage wheels, as he was in the habit of doing. He took a different course than usual, however, and his horse plunged into a gulph which had probably been washed out in the spring freshet. The doctor was then seen to jump on the horse as if trying to secure his head, and a man who was at work in a field near by ran to his assistance, pushing out a board towards him, but too late, and he sunk to rise no more. The horse was also lost. The body was soon recovered. Dr. Hatch stood at the head of the profession in this county, and was loved and respected by a large circle of patients and friends. He leaves a wife to mourn his loss. He was nearly 64 years of age.”

"The Lake Superior Journal of the 5th contains a detailed account of a recent melancholy accident near Eagle River, by which Dr. Pratt, physician to the Minnesota Copper Mine; Mr. Kershon, formerly a clerk in the service of the same company, and a Canadian voyageur, were drowned, and Mr. Revere of Boston, and another voyageur, narrowly escaped with their lives. Dr. Pratt was formerly a resident of Woonsocket, R. I."

The Wet Sheet in Cholera.—Our friend Prof. Rochester, some time since suggested to us that packing in the wet sheet might be a desirable remedy in cholera, and that the blood might thus receive again some portion of the water it had lost. Since then we have seen something of its effects. In one case, where it was applied to a man in collapse and apparently dying, it was followed by re-action and recovery. In no other case could we attribute a cure to it, but we found that in all to whom it was applied it removed the blueness of the skin, and encouraged re-action. In all cases it entirely relieved the cramps, and was a most grateful application to the sufferer. We shall have more to say about it hereafter.—*Buffalo Med. Jour.*

Medical Miscellany.—Dr. J. G. Elliott, of Littleton, N. H., is no longer post-master of that place.—Dr. J. A. Patterson, of M'Whirtlesville, Tenn., has been arrested for robbing the mail.—The cholera has finally reached the island of Mauritius, and manifests its usual characteristic fatality.—The dog law in New York went into operation on the 26th of June. Since that day 3140 have been arrested and taken to the dog-pound; 2160 have been killed, and the remainder redeemed.—Word comes that yellow fever does not exist at Charleston, S. C.—Dysentery prevails extensively throughout New England, aggravated by the use of crude fruit, among children.—Dr. J. F. Peebles, of Petersburg, has become associate editor of the Virginia Medical and Surgical Journal.—Prof. N. S. Davis has succeeded Prof. Herick, as senior editor of the North Western Medical and Surgical Journal.—Starling College has been re-organized, and is to open its next session on the 30th of October, and continue 16 weeks.—Dr. John P. Gray, now Acting Superintendent of the New York State Lunatic Asylum, has been appointed Superintendent of the Michigan State Hospital for the Insane at Kalamazoo.—Delirium tremens has more than doubled, according to the Montreal Medical Chronicle, its percentage among the troops, during the last thirty years, and the ratio of deaths to the whole number of cases is increased one third. This shows either bad discipline, and degeneration of medical treatment in the British army, or else defective statistics. Probably the latter, says the Peninsular Journal of Medicine.

DIED.—In New York, Joseph Dennis, M.D., aged 26.—At Cincinnati, Ohio, of cholera, Robert Turnbull, M.D., of the State of New York, aged 51.—In Hatfield, Aug. 19th, Dr. T. Franklin Knight, 37.

Deaths in Boston for the week ending Saturday noon, Aug. 26th, 135. Males, 71—females, 61. Accident, 5—disease of the bowels, 2—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 18—convulsions, 4—cholera, 26—cholera infantum, 11—cholera morbus, 1—croup, 1—cancer, 1—dysentery, 12—diarrhoea, 2—dropsy, 1—dropsy in the head, 4—drowned, 3—debility, 2—infantile diseases, 6—erysipelas, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 1—hooping cough, 2—homicide, 1—inflammation of the lungs, 1—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 1—old age, 3—pleurisy, 1—palsy, 1—starvation, 1—disease of the spine, 1—smallpox, 1—teething, 6—thrush, 4—tumor, 1—unknown, 1.

Under 5 years, 59—between 5 and 20 years, 13—between 20 and 40 years, 25—between 40 and 60 years, 30—above 60 years, 8. Born in the United States, 79—Ireland, 48—England, 2—British Provinces, 1—Scotland, 1—Germany and the north of Europe, 4.

The American Medical Association.—We are not so great an admirer of this Association as some of our friends profess to be. We do not think that it has done so much for the advancement of science and the glory of the profession as it might have done. Indeed, we think that it has done very little in comparison with the outlay of time and money incurred. The Association might regulate medical teaching, and elevate the requirements of medical candidates in this country. It has not done so. It might have constituted itself a *bona fide* medical congress, in which the cardinal questions of medical philosophy might have been, and might still be discussed. This it has not done. Three days is rather too short a time for any thing like scientific discussion, more especially when the intervening nights are spent in frolicking. All that the Association has done, might have been accomplished without it, and its expenses, which are no small item, might have been saved. We respectfully suggest that the sessions of the convention be lengthened—that all the papers prepared for the occasion be read—not mere *abstracts* of them, and that prominent and important topics be selected for discussion. The observation of facts is important, researches by crucible and microscope are of great service to medical science; but the intellect of the reasoner must be brought to bear on them to render them available in practice. This would be better effected by discussion—by the collision of intellect amongst men of thought, and reading, and observation, than by any other means. For the discussion of such topics it would be worth while to have a convention. We would also be in favor of doing away with all costly entertainments and frolicking. These certainly do not advance the dignity of the profession, or the march of science.—*St. Louis Medical and Surgical Journal.*

BOYLSTON MEDICAL PRIZE QUESTIONS.
—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

JOHN C. WARREN, M.D.	JOHN JEFFRIES, M.D.
W. CHANNING, M.D.	J. B. S. JACKSON, M.D.
S. D. TOWNSEND, M.D.	D. H. STORER, M.D.
EDW. REYNOLDS, M.D.	J. M. WARREN, M.D.
CHARLES G. PUTNAM, M.D.	

At the annual meeting of the Committee on Wednesday, Aug. 2, 1854, a premium of sixty dollars, or a gold medal of that value, was awarded to Silas Durkee, M.D., of Boston, for the best dissertation on the following question:—"The Constitutional Treatment of Syphilis."

The other Boylston premium of the same value, was adjudged to George H. Lyman, M.D., of Boston, for the best dissertation upon "The non-malignant diseases of the Uterus."

The question for 1855, is—"On the Diagnosis of the Diseases of the Urinary Organs."

Dissertations on this subject must be transmitted, post paid, to John C. Warren, M.D., on or before the First Wednesday of April, 1855.

The following questions are proposed for 1856:—

1. *The nature and treatment of Asiatic Cholera.*
2. *What is the nature and treatment of the disease called Aneurism by anastomosis.*

Dissertations on these subjects must be transmitted as above, on or before the First Wednesday of April, 1856.

The author of the dissertation for which a prize is adjudged on the subject offered for 1855, will be entitled to a premium of *one hundred and twenty dollars*, or a gold medal of that value, at his option.

The author of the best dissertation considered worthy of a premium on either of the subjects offered for 1855, will be entitled to a premium of *sixty dollars*, or a gold medal of that value, at his option.

Each Dissertation must be accompanied by a sealed packet, on which shall be written the name of the author, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the Dissertation to which the packet is attached.

The writer of each dissertation is expected to con-

fine himself strictly to the consideration of the subject proposed; and to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified.

All unsuccessful Dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1836, the Secretary was directed to publish annually the following votes:—
1st. That the Board do not consider themselves as approving the doctrines contained in any of the Dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

D. HUMPHREYS STORER, Sec'y.
Boston, Aug. 5, 1854. aug 9—4t

ALBANY MEDICAL COLLEGE.—Two full Courses of Lectures are delivered annually, continuing, each, *sixteen weeks*. Degrees are conferred at the close of each term. Fees for a single Course, \$30; for both Courses (payable in advance), \$100. Graduation fee, \$20.

The next Course commences on Tuesday, the 5th of September, 1854; the Spring Course, on the 3d Tuesday of February, 1855. Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Anatomy.
THOMAS HUN, M.D., Prof. of the Institutes of Medicine and Materia Medica.

AMOS DEAN, LL.D., Prof. of Medical Jurisprudence.

HOWARD TOWNSEND, M.D., Prof. of Obstetrics.
EZRA S. CARR, M.D., Prof. of Chemistry and Pharmacy.

HOWARD TOWNSEND, Reg'r.
Albany, May 25, 1854. m 31—t Oct.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, SEPTEMBER 6, 1854.

No. 6.

SKETCH OF M. VELPEAU, OF PARIS.

[THE following sketch of M. Velpeau, the Chirurgien-in-chief of La Charité, in Paris, is part of a letter from the Parisian Correspondent of the Charleston Medical Journal and Review. It is evidently drawn from personal observation, and exhibits a more finished portrait of this eminent surgeon than we remember before to have seen.—ED.]

Now, instead of turning to the left as I proposed, should you open a glass door to the right, here are still other ranges of wards, with branches leading off almost interminably. Those on the first floor are for males. Ask a patient what is the matter with him, and you will find it is a surgical case. Far from where you enter stand a throng of men, some crowding around a particular bed, some with hats on, others uncovered; from out their number moves an individual whom you did not, at first, observe, but whom every one seems to follow, as he passes rapidly from one bed to another, squeezing his way in among those encircling him. He is a person with a sharp, greyish eye, of middle height, more tall than short, inclined to be thin, and moving unobscuringly by, unless when he stops, occasionally, as the inclination seizes him, to ask some question of a favorite chef-de-clinique, or of a sister. He will sometimes not speak or smile for a half hour, unless on the subject of medicine, or the case before him; at other times, he even smiles and makes a little dry fun with the sick man, though he never laughs, and often, if induced to relax at something particularly ludicrous, he soon recovers himself, becomes grave, or rather I should say earnest, and his eye looks as piercing as before. Neither his voice nor manner is soft or winning, although they show, when he speaks to a boy, or the gravity of the case is imminent, that his heart is feeling, and that even habit, time and the knife, have not made him entirely callous to the sufferings of the unfortunate. I have heard him quiz a little *Interne* with white hair, upon the color of his moustache; but it was not done in a genial way, it was as a surgeon would quiz, and you only laughed because the great man laughed. He also wears a white apron with pockets, from which dangles a pin-cushion, and on his head is a purple-velvet skull cap, with tassel. Thin grey hair escapes from beneath, and you are quite surprised when, upon inquiry, you are told that that is the great surgical Amphictyon of La Charité and of France, M. Velpeau.

Here is a true veteran for you ; here is a surgeon with the three requisites—a lady's hand, an eagle's eye, and a lion's heart ; here is the man who enjoys the "*digitis monstror præterientium* ;" you see, at last, him that you have been hearing of all your life, and before you ever thought of medicine ; you have, perhaps, heard your cousin or your friend, who was in Paris years before you, speak of seeing Velpeau cut off an arm, or a hand, on such and such a morning, and you yourself also watch him do the same thing, on the same spot, fifty times ; in fact, you see him perform two or three operations almost every morning you take the trouble to be at his amphitheatre at La Charité. He will cut for stone, operate two or three times for cross-eye, take out tumors from the breasts of two or three women, amputate a finger, a thumb or a leg, almost any morning you choose to name, after he has visited these long lines of beds up stairs and down stairs, in male and female wards, and after he has lectured an hour, and all before breakfast. Heaven knows at what hour he has risen !—what he has not written in one of the works he is publishing, on the "*Maladies du Sein et de la Région Mammaire*," or some other. But I do know that he has not yet finished, because, before his carriage and pair leave the Rue Jacob, in front of La Charité, and when you have gone to the Café de Paris, to Madame Dijon's, to 66 Rue de Seine, or with me to my rooms on the garden of the Luxembourg, *he* has remained to prescribe for a score of what are called outdoor patients, whom he examines as fast as they can be marshalled in a room on the ground floor. Then M. Velpeau's private consultations at his own residence, and his visits, have not yet commenced. But notwithstanding, you will sometimes meet him on the *Pont Neuf*, or the *Pont de Carrousel*, with a young lady on his arm, as like as father and daughter can be, as they walk to the Louvre or the garden of the Tuilleries. And you ask again, is this man, strolling quietly by, the hero of a hundred bloody operations, the creator of bold systems, and originator of new modes of practice—the bold generalizer, who has laid a master hand on almost every department of medicine ; who has written a hundred volumes, whom everybody quotes, even men who study specialties, and who recognize that, during a life of ceaseless toil and exertion, *he* has made a specialty of every department of his profession, and has rendered himself as competent to pronounce upon their respective merits as any enthusiast of a single one, whether it be in surgery, *materia medica*, obstetrics, physiology, diseases of the eye, or anything you please to name. M. Velpeau is a bold, successful innovator in each and every one, and he has stamped his name in every text-book that the student uses. He has written, and now writes, tomes filled with costly illustrations, which the medical world reads and consults, and swears at sometimes, but always quotes or follows. There are none so dauntless as not to do him reverence, none so bold but do not ask what Velpeau said this morning at a clinique. Does he discover anything, he goes to have Velpeau test, and make it go down. With Velpeau's sanction, he is confident against the world in arms, and goes forth with redoubled zeal. Does Velpeau damn the new project, it is like a dash of cold water, and the thermometer of his ardor falls instantly. I think that,

generally, M. Velpeau, after his very large and most enlightened experience and observation, has a right to pronounce, and that he does so cautiously and with discrimination. He has, at times, been quick, and perhaps wrong, and now I think the microscopists will make him rue the day that he decided too dogmatically against their true and false cancers; for, already, MM. Lebert and Robin will show him that the glass is surer and more unerring than the unaided experience of even *his* eye and finger, and he will confess, or what is worse, posterity will do it for him, that true cancer and the un malignant fibro-plastic growths reveal themselves by signs, more certain than those gained by observation and sight simply. Perhaps, too, M. Ricord, or his successors, will demonstrate, that in proclaiming his doctrine of syphilization, a true advance has been made which time will sanction and enforce, and that its cardinal points are *real*, which M. Velpeau utterly repudiates and rejects *ab ovo*, root and branch. Velpeau must recollect that Ricord, though young and vigorous, resembles him in one respect—he does not take vacation either.* An old man, however great, is apt to remember triumphs won in youth from giants, and he grows too confident thereby. He is apt to forget that the tables turn, as age advances and years roll by, and when the conflict lies between the old and the youthful, but, at the same time, the vigorous, the cautious and the observant.

As a lecturer, Velpeau is not remarkable, though he is sufficiently fluent and pleasant. Some new comers find his French easy to understand; but though he does not mumble his words, and splutter, as M. Roux did, yet there are several in Paris who speak very much plainer and better than he. I could cite Trousseau and Maisonneuve for examples. His tone is somewhat monotonous, and however enlivened by an occasional dry jest, yet there is neither much eloquence nor any brilliancy. But Velpeau's attraction is his fame, his knowledge, and the perfect flood of light which his vast experience enables him to throw on every subject. You feel that he utters opinions which you can set down as rules and axioms for your guidance in practice. He speaks *ex cathedra* upon every topic; his words are golden, for they flow refined from a vast mass of material collected during years of earnest toil, a toil directed by an enlightened understanding, and guided by an acquaintance and comparison with not simply the stores of the past, but with the improvement of modern research.

Old and antiquated notions, and an adherence to early impressions, however false, cling to some who are only distinguished by age, arrogance and imbecility. But Velpeau, clothed in the ancient heavy armor of the veteran, still bears about him the keen and trenchant sword, as sharp and polished as that of any youthful champion around him. He may hedge himself in with precedent and experience, but he is constantly re-examining his precedent, and weighing and comparing his experience with that of others, whilst none contribute more fresh additions to them than himself. As his English compeer across the channel, old Liston, said, "Age is not the test of experience, but the possession of the

* M. Ricord informed me that, with the exception of the last, he had not indulged in the ordinary *vacance* of the Paris doctor for twenty years. He is at the Hospital du Midi the year round.

greatest number of well-assorted facts on any particular subject, whether they be got in five years or in fifty, constitutes experience."

Though Velpeau has a finger quite awry and misshapen, from some wound gained during the pursuit of his profession, I believe, yet this does not at all interfere with his manual dexterity. Not priding himself on it, he is yet ambidextrous. I shall be excused for saying that however skilful in this respect, he cannot surpass our countryman, Mott, who uses either hand, sinister or dexter, with the most perfect indifference to himself. I have seen Mott dissect out a tumor over the wrist of a patient, at a surgical clinique in New York, when he employed his left hand alone; the individual did not lose an ounce of blood, and there were the vessels flowing just beneath, which had been evaded with a nicety surprising to the beholder. We know that, with a few rare exceptions, including some operations on the eye, the surgeon had better always avoid display, and manipulate with the usual and most natural member.

Verily, there is a charm and an attraction about surgery, which deceives and captivates the young, the inexperienced and the unwary. It operates directly upon the senses. There is a brilliancy and a decision about the movements of the glittering knife, which is entirely irresistible. It does its work so directly, suddenly, and without appeal. The sight of the sudden gush of life-blood welling up from the heart itself, has something about it which stimulates and excites; so that most men start to be surgeons as they do to be metaphysicians: but when they are past 30 they find they have been guilty of an expensive blunder, for the proportion of their medical to their surgical cases are as 10 to 1, and time and years are wasted in the attempt to make a Velpeau or a Malgaigne, when they might have been much more respectable and distinguished as a Trousseau, Bouillaud or a Louis.

It neither requires talent nor genius to wield the knife, for the heavy and the phlegmatic, the stolid and the dull, operate when they cannot prescribe, and excise and amputate when they cannot cure. Traumatic injuries and morbid growths are rare in number, and slow in formation, whilst medical cases are frequent, and come thick and fast, at the same time that they demand more time and care for their relief. To be a great *surgeon*, however, in the enlarged application of the term, requires all the qualities of the mere operator, as well as those of the judicious medical man, but there must also be the material to give experience, which only falls to the lot of a very few, even in the largest and most populous cities.

Among his peers, if peer he has, Velpeau is *facile princeps*. See him standing amid his gowned associates, as, for example, when Orfila died, and his body was brought by them into the Church of the San Sulpice; or when he walks into the Academy of Medicine, or sits around the table at the Ecole de Medicine, when they are examining by *concour* that fine band of talented young Frenchmen contending for places. Hear how many of them will quote him, Malgaigne, Nelaton and Roux, and see how queer and characteristic he looks all the while. I always smile when I watch Velpeau!

His hand was sick last year, and it was curious to observe how the Internes flocked around it of a morning—how the sisters, in white caps, brought flax-seed, and the nurses flew for laudanum, and everybody offered their services, whilst old Velpeau disdained them all, and quietly dressed it himself. He never had it done at home, as everybody else would, by some member of his household, but, like a surgeon, he kept it to be taken care of by men in the midst of that theatre, where it had daily, for so many years, been performing such feats. I often looked on and smiled at the fun. I think on one occasion he did let one of them tie it up when he got through, and I presume it will be traditional, or like an heir-loom in the man's family.

Singular to relate, this ambitious acquirer of professional lore does not speak English. Like most of his countrymen, he is content with the French, which they think everybody either does or should understand, and that if they do not, it is simply their loss. One morning, winter before the last, he stopped two or three of us on the stairs, to assist in translating what a raw Irishman said, who was attempting to obtain a certificate of six weeks' attendance upon the surgical clinique.—*Charles-ton Medical Journal and Review.*

LOCAL ANÆSTHESIA BY CHLOROFORM—FAILURE—DISAPPEARANCE OF THE PATIENT.

HAVING read the accounts in the Peninsular and other journals of the power of chloroform topically applied to produce local insensibility, I determined to embrace the first opportunity to try it, and if successful, as I doubted not I should be, I was resolved to devise means of using it thus in every case where it was possible, and thus diminish the risk of having a patient drop from my hands into the grave, in the sudden and appalling manner which sometimes occurs. The first case which I deemed a proper one, came under my notice last December. The patient came into my office limping, and on withdrawing his boot, showed me one of those common cases where the nail of the great toe grows into the flesh so as to produce a very painful swelling, rendering walking and the wearing of the boot intolerable. After examining it, I recommended the operation which has latterly come into use for such cases, viz., slicing off the projecting mass of flesh from the side where the nail was imbedded. The patient inquired if it would hurt? I informed him that it would. He then asked advice about taking chloroform. I told him that for so slight an operation it was not advisable to run the risk of taking it internally; but that I would apply it externally, so as to destroy the sensibility of the toe alone, and thus save him both from pain and danger. I then proceeded, according to the directions which I had seen published, to produce the local insensibility. I dipped some lint in chloroform and wrapped it around the toe, and then enclosed the whole in oiled silk to confine the vapor. The results were ludicrous. In the first place, I found that oiled silk will no more confine the vapor of chloroform than a sieve will confine water, or flax fire. It crumbled to pieces almost the

instant the vapor touched it. Failing in this, I took a wide-mouthed vial, and thrust the toe with its envelope, into it, and thus succeeded in securing a close atmosphere of the fluid around it.

I now waited with great confidence for the wished-for insensibility to pain, but was doomed again to disappointment. The surface exposed to the vapor soon began to smart and burn most intolerably. I exhorted the patient to bear it coolly, assuring him it was a sign that the agent was taking effect; that the smarting would soon subside, and be succeeded by a pleasant quietness. Thus encouraged, he bore it manfully for some time, but it still increased to such an extent that at length human endurance could bear it no longer; and in spite of my remonstrances, he tore off the coverings to get relief. I was astonished at such a result, after the accounts I had read, and still thought that it must be owing to the tender and irritated state of the skin, and that I should certainly produce insensibility if I could induce the patient to submit a little longer. With this view, I deadened the sensibility of the surface by rubbing it over with nitrate of silver, and then re-applied the chloroform. This at first worked admirably. The vapor no longer produced pain, and the patient's countenance lightened up with joyful expectation. Soon, however, the smarting began to return, but rather slowly, and I made up my mind that I should now succeed; but as time was passing away, and I had other patients to visit, I told my present one to remain quiet while I was gone; gave him the chloroform bottle with directions to add a few drops every ten minutes to the dressing, and that I would return in an hour, by which time the insensibility would be complete, and I would proceed to operate.

After about an hour, I returned to my office. There sat the patient writhing with anguish in his chair, still resolutely holding his toe in the vial and adding new chloroform every ten minutes according to directions. I asked him if he felt easy yet; he informed me in very explicit language that he did not, and that he had as lief hold his toe in the fire. As the application had now been continued two hours, I gave it up, half provoked and half laughing at my egregious failure. I took off the dressings, and satisfied myself, by examination, that the skin retained all its sensibility to external touch. I informed the patient that I had not succeeded in producing insensibility, a fact of which he was already well aware; whereupon he drew on his boot and departed, since which I have not seen him.

Whether my failure was owing to my ignorance of the proper cases adapted to such treatment; or of the proper mode of application—or whether the local anæsthetic power of chloroform is a delusion, I am not able to say. If the experience of any physician who reads this has been different from mine, I hope he will communicate it to the world; for if the local anæsthesia can really be obtained, it is a discovery of the utmost value, and should be made public, with such details as will enable all practitioners to avail themselves of it.—*Peninsular Jour. of Med.*

ALCOHOL IN MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I should feel exceedingly grieved at being the cause of disturbing the incubation of those “facts and arguments of great importance” with which Dr. Gilman promises soon to enlighten us; but as two articles have already appeared from him in reply to the few remarks of mine in the Journal of May 29th, I fear that, notwithstanding he requests a “suspension of criticism,” he might consider himself neglected should I remain entirely silent. Therefore, while justice to myself demands a brief reply, it will be more respectful to him; and besides, it may serve to keep the “subject alive” until his theory is brought to perfection.

It is as well, perhaps, to return to the starting point in the controversy. His first article is headed “Alcoholic Liquors in the Practice of Medicine,” and all that follows is an attempt, on his part, to prove, not only that alcoholic liquors are *not* indispensably necessary in the practice of medicine, but that they are positively injurious in patients reduced by fever, or in debility from other causes; and the quotations from Carpenter were introduced to sustain these views. But Dr. G., in his last article, says—“I quoted Dr. C. to show what was its precise operation on the body in a healthy state. I referred particularly to convalescence in fever, where there is no disease, but simple debility.” And again, in substance, he says that every article in the *materia medica* has the same effect in health and in disease, differing only in degree—that if alcohol acts injuriously on the system in health, it will do so in disease.

Now this is plain and to the point—but I think it must be evident to any one of ordinary comprehension, that the doctor has again overshot the mark, and in avoiding Scylla he has run against Charybdis; for, will not this theory apply as well to calomel and opium—medicines extolled by Dr. G.—and nearly all of our best remedies in disease? It would occupy a good many pages of your Journal, Messrs. Editors, to detail the evils that mercury and opium have done; but do not be alarmed, I shall not undertake the task. Dr. G. must admit that this is a fair application of his theory, or solve the difficulty as best he can.

But do medicines have the same action in health as in disease? And can the action of medicines in disease be inferred from their action in health? In answer to the first of these questions, I would merely remark, for the present, that for every change in the animal chemistry—changes in the solids and fluids of the body—we may expect a corresponding change in the action of those medicines which act chemically. And in reply to the second question, I would ask if we can infer, from the operation of quinine, arsenic, and chloride of sodium, on the healthy body, that they will cure intermittent fever? Opium will sometimes purge, and it frequently fails to produce sleep in delirium tremens, and in tetanus it has been given in enormous quantities without producing the least appreciable effect. Quinine and iron act as purgatives sometimes, and strychnia has moved the bowels after the most powerful

purgatives have been used in vain. Now how could such effects be inferred from the action of these medicines in health?

This doctrine of Dr. G.'s smacks somewhat of homœopathy; practitioners of that school prove all their medicines by giving them in health. Perhaps he has taken a sly peep into Hahnemann, and been dazzled by its false light. If so, I would advise him to return to legitimate medicine, and he will find the doctrine that "the operation of a medicine in each disease can only be learned by actual experiment," is not new, although new to him. The subject is pretty fully discussed in Bartlett's "Philosophy of Medical Science."

The most amusing part of the doctor's article is that in which he expresses his "design" to expose the inconsistencies of Dr. Carpenter. I have seen many sudden changes, but I was hardly prepared for this threatened attack upon his own authority—and, in fact, the attack has already commenced, either on Carpenter or himself; for Dr. G. says that alcohol passes through the system unchanged; and in his first article he introduces Carpenter to prove that the oxygen in the system converts it into carbonic acid and water. What next!

The doctor says he called alcohol "not a *stimulant*, but an irritant poison." Let him turn to the first page of his first article, where he speaks of harnessing comets to railroad cars, and he can read—"as a *stimulant* alcohol possesses great power," &c. And again he says, that he stated in his first article he "would not take the responsibility of deciding whether any stimulant was ever necessary in cases of convalescence from fevers." So he did—but he had previously decided against their use. Perhaps he does not recollect. It is to be found on the same first page above alluded to.

Dr. Gilman says that I "took him up" for stating a "principle which has been established for thirty years," and which he "supposed was understood by every schoolboy." This is an addition to his authorities, in which he seems to be quite as unfortunate as with Dr. C. It was not the principle itself, but the use he made of it that I "took him up on." Very likely it is understood by every schoolboy; but I very much doubt whether any one of them would make a similar application of it. But enough of this—the doctor has his hands full already, and it would be a pity if he should get at loggerheads with the schoolboys.

Dr. G. does not like to be called a philosopher, it appears. He is too modest. Why, the celebrated Dr. Pangloss *boasted* of the honors he received merely for a treatise on erecting dove houses on a principle tending to increase the propagation of pigeons; and surely Dr. G. ought not to object to this mark of distinction after his invaluable discovery in the treatment of delirium tremens by morphine and cold water, which he assures us not only has advantages over the old plan in combating the disease, but it corrects the patient's morals, and opens his eyes at the same time. I stand by my original assertion—the doctor is a philosopher.

There are other points touched on by Dr. G. that might be turned to good account; but as I have already gone beyond the brief limits promised in the commencement, I shall content myself by respectfully ask-

ing the doctor for his authority for saying that Carpenter does not recommend alcohol in cases of debility?

I feel exceedingly gratified at being able to contribute to the doctor's happiness by giving my name. I had no particular reason for withholding it, but could not see what advantage it would be to any one in a controversy of this kind.

THOMAS BOND, M.D.

No. 1 Spring Garden st., Philadelphia, Aug. 28, 1854.

ON THE PROPAGATION OF BEES—THE QUEEN BEE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—On the 1st February, 1854, there appeared in your Journal a communication over the signature of Apiarius Medicus, to which I beg leave to reply.

The writer of that communication, after naming three kinds of Bees, which, according to his theory, form a perfect colony, alleges and aims to prove that the queen is a *male* and the drones are *females*. The evidence upon which he relies in support of his theory fails to carry conviction to my mind, and I am a little surprised that he should have been so easily convinced. It appears, however, that his theory was fixed prior to the making of his investigations; for he says—"I have brought to view the object of my wish." "I could not make it appear consistent with reason and the natural order of creation, that such a numerous progeny of insects of any race could be produced by one female," &c.; "a doctrine unnatural and inconsistent, to which I never gave full credit." With such a starting point, it is not difficult to predict upon which side of the question the inquirer will be found when his investigations are completed. We expect that he will "bring to view the object of his wish," or establish his preconceived theory.

1st Experiment. A few days after placing a very small swarm of bees, composed only of workers and a queen (so called), the writer introduced a drone. "It crawled," he says, "on the floor of the hive for a little distance, when the *so-called* 'queen' dropped down and gendered the drone, similar to that of a house-fly. I then put in two more drones, which it did not touch; but on putting in the fourth, the operation was again performed." I infer, although it is not distinctly stated, that the queen, so called, was uppermost during the act of coition, and that the position of the parties constituted the data from which the writer draws his "satisfactory and unerring conclusion." Every careful observer knows that house-flies, when they cohabit, are seen sometimes in the position of the bees in question upon the floor of the hive, one upon the other. At other times they are found apparently locked together face to face. The same is true of spiders and other insects. It is common for female beasts and birds, at certain seasons of the year, and when they are in a certain condition, to mount the males of their kind. Examples of this are found among our domestic animals, pigeons, and the various kinds of birds which frequent our fruit yards. *The position of the parties alone, proves nothing.* We need

other and a different kind of evidence to show from which party the sperm proceeds during the act of coition. Yet the writer says, "It satisfied me that apiarists and others are and have been laboring under a mistake." It may have satisfied the writer, or served to confirm him in his preconceived theory, while it fails to convince and satisfy others.

2d Experiment. I have no doubt that the writer found, upon a dissection of the so-called queen, as he has stated, what he denominates the organ of generation, and that the same thing is protruded with the sting when the abdomen is pressed between the thumb and finger. But I would inform him that the organ in question is the extremity of the oviduct, and upon a very nice and critical anatomical examination he will find connected with it two ovaries and a sac, which in the impregnated queen contains spermatozoa received from the drone. This organ should not have been named by the writer until its appendages were carefully dissected out, as they have been by Dr. Joseph Leidy, of Philadelphia,* and he would then have found occasion to adopt a different nomenclature. The same phenomenon will be witnessed, or the same organ will be protruded, from the house-fly if its abdomen is pressed in the same manner.

3d Experiment. Dissection. The eggs which the writer found in the drone, upon dissection, in all probability were small globules of fat, for such are sometimes found lining their intestines. It was natural and easy to mistake on this point. I shall take it for granted that he was mistaken, until he gives us the size, shape and color of such eggs, or preserves some of them for ocular demonstration.

Additional circumstance. The fact stated that some colonies of bees destroy their drones earlier some seasons than others, or that bees generally destroy their drones earlier some seasons than others, is admitted. But the writer's inferences are far fetched. 1. He infers that the bees foresee a scarcity of honey. 2. That they destroy the drones to prevent them laying more eggs, with a view to avoid the rearing of the young beyond their means of support. So far as I know, no one has given us what may be regarded as the true rationale of the procedure named above. The things stated are to be regarded as mere inferences until some proof is produced that they are facts.

I wait for further evidence before I adopt the conclusions of the writer. All that he has stated of phenomena as brought to view in his investigations is consistent with the generally-received theory in regard to the social organization of the honey bee and its mode of propagation. I would refer you to a statement of Rev. W. Dunbar, a Scottish apiarian, touching the point in question. "When the queen is about to lay, she puts her head into a cell, and remains in that position for a second or two, to ascertain its fitness for the deposit which she is about to make. She then withdraws her head, and curving her body downwards inserts the lower part of it into the cell; in a few seconds she turns half round upon herself and withdraws, leaving an egg behind her." Swammerdam in his history of insects has given a most beautiful drawing of the ovaries of the queen. Dr. J. Leidy states, in his reports relative to a queen

* Probably the most distinguished naturalist in the country.

which was submitted to him for microscopic examination, that "her ovaries were filled with eggs." Rev. L. L. Langstroth, speaking of the fertility of the queen, says, "In my observing hives I have seen her lay at the rate of six eggs a minute." Will your correspondent give us the origin of those eggs which are found in the hive of every thrifty colony of bees during the months of March and April, and in which no drones are found. I have such hives, which have been subjected to the severest scrutiny.

I may give you the results of my own observations in detail, at some future time. The communication to which I have now replied, was copied into some of our weekly papers, and not a few regard me as its author. Its paternity will be sufficiently disavowed by giving my own signature to this reply.

HENRY EDDY.

North Bridgewater, August 16, 1854.

MORTALITY AMONG CHILDREN—NO. II.

BY W. A. ALCOTT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—When I call to mind that the character of your work varies somewhat from that of its predecessor—whose motto was "The best part of the medical art is that of avoiding pain," I begin to doubt whether you have room for short articles from time to time on prevention. And yet, medical men in general are not so lost to philanthropy, and even to common humanity, as not to look a little at prevention now and then. They know something of the pain I have often experienced on reflecting that while I have been the means, apparently, of extending the lives of some of my consumptive patients from one to thirty years, it has had one terrible effect which philanthropy herself scowls at—it has served to propagate and perpetuate a feeble race. Still, cure we *must have*, and *will have*; and postponement, and palliation. It won't do to let the feeble die off if we can help it.

The subject I broached in a late number of the Journal on infantile mortality is one of serious and alarming import. The paper from which I quoted was probably correct, for during the week ending about the middle of August the New York Independent states the whole number of deaths in the three cities I have mentioned, at 1,790; while that of those under 5 years of age was 936, considerably more than half, still. Such a mortality is indeed frightful. What are we to think of the habits of people when half the children in families die under 5 years of age? What would be thought of the good sense and right treatment of domestic animals where half the lambs, pigs and chickens should die thus prematurely?

I spoke of the use of salætatus as in the front of a long list of transgressions. I ought to have particularized. Dr. Hammond, of Killingly, Ct., first called my attention to this subject, ten or twelve years ago. He confessed to the use of ten pounds in his small family in a year,

and said he was very far from being alone. Soon after that, I went down East, and learned something of the state of things in New Brunswick and Maine. I found that in Bangor ten or twelve pounds a year were very common. So I found it afterwards in some portions of Massachusetts and Connecticut. Col. Ivers Phillips, of Fitchburg, five or six years ago, told me that in a family of ten persons they used twenty-five pounds a year; and Mrs. P., who was present, endorsed the assertion. The smallest quantity I have known used in any ordinary family, except my own, is about five pounds. In Ohio, families who were at first disposed to sneer at my statements, confessed to the use of six or eight pounds yearly.

My deliberate conviction is, that the families of twenty millions of people in our United States population—amounting to about four millions—use the average quantity of five pounds of this alkali yearly—or one pound to each individual. This is an aggregate of twenty millions of pounds. How much of this goes into the alimentary canal and courses its devious way without meeting with any free acid or other substance calling into play new affinities, cannot easily be told. In these days of excess in its use, I fear one half. But to be safe, I will place it at one fourth. Is it so, then, that the lining membranes of our people—our children among them—must be irritated yearly by 5,000,000 pounds of uncombined—unneutralized salætatus? The very thought is enough to make one shudder!

From ten to twenty grains of this substance is sometimes put down in our medical dictionaries as a dose. Place it at thirty. Do we swallow 960,000,000 doses of medicine a year, in this careless, uncalled-for manner? What effect can medicine be likely to have, when given in an emergency, to children who have been irritated day after day, and year after year, in this way? I have said irritated—not poisoned. Yet Orfila, I find, calls salætatus an irritating poison, and gives us a long list of its terrible symptoms. I need not detail them in a Journal designed for the profession; but they ought to be hung up in letters so large that they could be read at any distance all over the country. They would make some of our house-keepers stare—and it ought to do so.

Let us make one more estimate. I have not facts to bear me out in what I am going to do, because I have not the patience to gather them up—scattered as they are up and down the earth's surface. But I suppose four maximum medical doses of this article, taken at once, would be called excess; and this excess would be evinced by some or all of Orfila's "symptoms." In short, the individual who should take such a dose would be poisoned. I do not say he would certainly die, for I am not warranted in this. But I do say that, in all probability, he would not greatly desire to take another such dose immediately. But 5,000,000 pounds of this alkali—the quantity we supposed to be swallowed yearly unneutralized—would at this rate be 240,000,000 doses of the poison. It would poison all our 20,000,000 of white people in the Union, twelve times each, or once a month, for the whole year. But enough for the present.

Auburn Dale, Aug. 25, 1854.

CHINESE PHARMACY.

[A CORRESPONDENT of the American Journal of Pharmacy, writing from California, furnishes the following interesting information respecting the science of pharmacy among the Chinese portion of the population of that country.]

Having often read with interest, articles concerning the "State of Pharmacy" in other countries than our own, I have thought that a few observations I have been recently enabled to make in regard to the medical and pharmaceutical knowledge of the Chinese might not prove uninteresting, especially as this ancient and singular race is at present attracting the attention of the civilized world.

We have often read and heard that they have no regular system of medical practice, but depended for a cure, when sick, on incantations and superstitious orgies, similar to those practised by many of the Indian tribes of North America. This idea we believe to be untrue, as it is at total variance with our own observations.

The city of Sacramento is the great interior depôt for the Chinese in California. Here a portion of the town is wholly peopled by them—in fact, presents a miniature of a Chinese city, and as such is often visited by persons who desire to become better acquainted with the habits of this strange people.

Hearing an apothecary was located there, I resolved to make him a visit, and accordingly recently started on what I at first supposed would be a fruitless errand. Fortunately, at the onset I met with an intelligent Chinaman, who had been partially educated by the missionaries, and who could quite readily express himself in the English language.

This gentleman very kindly took upon himself the task of accompanying us, and explaining all that became necessary. The exterior of the shop we visited was in no wise dissimilar to those of other occupations. A sign over the entrance alone gives the passer-by a knowledge of the business followed within.

The sign, in the present instance, must have cost the artist considerable labor. All of the complicated Chinese characters were deeply graven in the wood of which it was composed; gold and bright vermilion appeared in abundance; and a rich silk drapery, arranged in a tasteful manner, hid the edges from view.

The inscription, when translated, read—"Tung Fuk Tung," and was the name of the "Teacher" with whom the proprietor of the shop had studied for a term of years.

On entering we were struck with the absence of fluid preparations, and throughout our examination we discovered but one article of this kind, and not a single mineral preparation.

A narrow, but very high counter, a range of gaudily-painted drawers, wide shelving, and sundry Chinese stools, constituted the shop furniture. The shelves were mainly occupied by bundles containing roots, herbs, &c.; and it will astonish many when they learn that we counted over 1,100 bundles, each marked with a different character, and all brought from the Celestial Empire, thus proving that the "materia medica" of

the Chinese is in no wise deficient in the number of remedies. The drawers were divided into six compartments: unique porcelain "galley pots" occupied the shelving immediately over them; and above, ranged in regular order, were fancy packages, containing very diminutive bottles of strong ol. mentha piperita, and a peculiar kind of musk, artificially manufactured. We also saw various compounds, with long-written papers attached, the true nature of which we were unable to determine; but from the remarks of our companion, we strongly suspected that even the "Celestials" were not free from the "cure-alls" and "patent nostrums" which flourish so greatly in the United States. The mortars used in compounding are composed of porcelain and iron, the shape being somewhat different from those manufactured by the English.

For powdering, an exceedingly uncouth instrument is used. It is made of iron, about four feet long, and the inside resembling a whaleboat with a depressed centre and elevated ends. A heavy iron wheel hung on a wooden axis is made to revolve in the channel, the motive power being the feet of the operator. This quickly and easily reduces most substances to a powder.

Various sizes of knife blades arranged on the end of an elevated trough, in a similar manner to the old style of straw-cutters, are in use for cutting up roots and bark; also large shallow baskets for drying purposes.

The scales show the great antiquity of the people. They still disdain to use other than those which have been in use for centuries. These have but a single plate and a long beam, the weight sliding on this last, similar to the old-fashioned steelyard. Many, however, are of fine workmanship, and in the hands of a skilful person prove very accurate.

For writing their prescriptions, labelling, and in fact for all kinds of writing, they use the camel's-hair pencil and India ink. Each store has these laid on a small stone slab, and rice paper by the side for immediate use.

We now come to the nature of the remedies given by Chinese physicians for the cure of the sick. A Chinese always prides himself on the ancient origin and unchangeableness of his people, and it is probable that but few articles have been added to their "materia medica" for many hundred years. Unfortunately, out of the numerous articles we examined, but very few were familiar, and the similitude of their uses with our own induced us to copy them. They were panax, mentha viridis, mentha piperita, cinnamomum, glycyrrhiza radix, scilla, senega, ulmus cortex, rheum, resina, maranta, carbo ligni, ficus, camphor, moschus, anthemis, hordeum, aurantii cortex, crocus, dried snakes and dried flies.

The ulmus, maranta and hordeum, are used as articles of diet for the sick; the cinnamomum, aurantii cortex, glycyrrhiza, &c., for flavoring and disguising medicines of a nauseous taste; camphor as an aromatic, and decoctions of senega and scilla as expectorants. The dried snakes are only for external use in rheumatic pains; but the dried flies, which greatly resemble the "cantharis vesicatoria" of the United States Phar-

macopœia, we were repeatedly assured were given in cases of *gonorrhœa*, and were considered in that disease as a specific, thus proving their acquaintance with the diuretic properties of the article.

Nearly all medicines are given in the form of a decoction, and each prescription usually contains from 12 to 20 articles.

During sundry visits to our Chinese professional brother we have seen him compounding, and we have never noticed less than twelve articles in any of the prescriptions he has compounded while we were present.

Through his politeness we were favored with a written recipe for fever and ague, which he compounded for us, and which presents a singular appearance to the American eye. We have forwarded a portion to the editor of the American Journal of Pharmacy for inspection.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 6, 1854.

Adulterated Drugs.—The Secretary of the Treasury of the United States is causing a circular to be prepared, to be sent to the Collectors at the different ports, with the design of preventing the importation of spurious or adulterated drugs. There is no doubt that the Secretary has been influenced in this matter by the action of the American Pharmaceutical Association, whose members have, as a body, labored zealously for the accomplishment of this object. The next step to be pursued by the State or District Pharmaceutical Associations, is to get laws enacted, which will prevent evil-disposed persons from falsifying drugs and chemicals in this country. The drug inspection law which was passed by Congress, has certainly been of some service, inasmuch as we have been able by its means to ascertain, to a certain extent, what kind of drugs are most frequently vitiated. It was not supposed, by the friends and projectors of this measure, that imported drugs, after having passed the inspection as pure, or nearly so, would be largely adulterated by unprincipled dealers in this country, thereby increasing the evil which it was designed to remedy. The enactment of laws by the several States to prevent this, and their rigid enforcement, is the only remedy, and we hope it will be tried at once.

Vicious Medical Advertisements.—It was mentioned in No. 26 of the last volume of this Journal, that a society had recently been formed in London and Manchester, England, called "The Union for Discouragement of Vicious Advertisements." It would be exceedingly gratifying to have a similar society in this country, and we verily believe such would meet with a hearty co-operation from a large and respectable portion of the American people, notwithstanding their reputation of being great patrons of quack nostrums.

Distillery Milk.—The City Inspector of New York has lately presented to the Board of Councilmen of that city, a very elaborate and exceedingly interesting report upon the subject of "*Slop Milk*," which is furnished to so many of the citizens of New York. Appended to it, is a communication

from the Superintendent of sanitary inspection, and a portion of it will give our readers some idea of the gross fraud and inhumanity which are practised by the New York milk-men.

"These cow-stables are built in three rows, on the block bounded by Tenth and Eleventh avenues, Fifteenth and Sixteenth streets, and they extend from Tenth nearly to Eleventh avenue in length—one row is on Fifteenth street, one on Sixteenth street, and one nearly in the centre of the block, with an alley-way on each side of the centre row, the alley-ways being from 12 to 20 feet wide. The lower portion of the row of cow-sheds on Sixteenth street are built of brick, two stories high, and far superior in every way to the others; the others are mere sheds, but one story high, and 'low at that.' In each of these sheds the cows are placed in double rows, the width of the shed, and there is a slight descent made from the head of each stall to the centre of each of the double rows, for the excrements and filth from the cows to run off, and a trough is placed on the lower and outside of each shed to carry off the said excrements and filth from the premises; but neither answer the purpose well, the descent is not sufficient, nor the trough properly constructed, and if the cows' excrements were of a healthy or natural character, the troughs, &c., would be entirely useless.

"I found these cow-sheds, on the day I visited them, occupied by 1,538 cows, and over 60 horses, besides goats, turkeys, geese, chickens, &c. &c.

"The space allotted to each cow does not exceed three feet in width—the space in length is sufficient; each cow is fastened to her limited space by a short rope. The ceilings of all these sheds are very low, and scarce any place for ventilation, except the doors, and they are very few and narrow, and the air in them is extremely foul, filthy and sickening, and although it was a coolish day, the poor cows were panting for breath and air, and apparently in a feverish condition. Indeed how could it be otherwise, confined, as they are, in their close, hot and unventilated sheds, surrounded with a noxious, filthy and stinking atmosphere, not a ray of God's sunlight to shine on them, nor a breath of pure air allowed to pass through their nostrils.

"Indeed, so foul is the air in these stables, that the health wardens who accompanied me were compelled to suspend the inspection for a time, to recover from its sickening effect upon them.

"The cows kept in these sheds are fed upon the swill and slops made at the distillery of Messrs. Johnson ———, which is situated on the block west of these premises, and the swill is brought under the street by means of pipes to the swill reservoirs in the yards of the cow-sheds, and from thence is forced into the troughs placed in the stables, and from which it is eaten. This swill is given to each cow three times daily.

"The Messrs. Johnson ——— own these sheds, and supply the swill to the cows; the owners of the cows pay them for rent, and swill for each cow, the sum of nine cents per day.

"I was told that some of the owners of the cows gave them hay and meal, but I saw no evidence of such fact.

"The cows are milked twice each day. There are about 43 owners of cows stabled there; they own from 6 to 200 cows each. They all sell milk, beside others who purchase milk there to sell again.

"In the course of my inspection, I found one individual, who owns or keeps cows on the premises, in the act of mixing the milk from these heated, feverish and swill-fed cows, with a certain mixture which he called burnt sugar, put in the milk, as he coolly told me, for the purpose of giving

it a proper, rich, creamy, and natural color, it having been watered to that extent that it became necessary to give it proper color; as if the milk from those poor, poisoned, grass-forsaken cows, without sunshine and without pure air, fed on slops and swill, was too good, too pure, too rich to sell to his customers without reducing it to a proper degree of strength, and then sugar it to a proper color.

"Around these stables, painted in glowing colors, are the wagons of these persons to carry forth and retail this rich, pure, and sugar-colored milk; and many of these wagons are not only emblazoned with the owner's name, but have also painted on them conspicuously, in letters of gold, 'Westchester County Milk.' 'Pure Country Milk.' 'Morrisania Milk,' &c. &c.; and with these false signs palm off their sugar, chalk and egg, swill and slop mixture, as 'Pure Country Milk;' sending death or disease wherever it is used."

Pillow-drinking Tubes.—Mr. Burt, the manufacturer of the "Pillow-drinking tube, writes us, that, by an improved process, he is enabled to make the article with greater facility and cheapness, and he has therefore reduced the price one half. It will be recollected that we made mention of this useful appendage to the sick chamber, in a previous number of the Journal, and it affords us pleasure now to speak of it again, particularly as it is offered for sale at a reduced price. Mr. Burnett, in Tremont Row, is the Boston agent.

Optical Instruments.—Until within a few years past, we have been dependent upon European manufacturers for our best optical instruments. Indeed, it has been supposed that the glass from which the lenses of microscopes and telescopes are made, could not be manufactured in this country of sufficient purity. But we now have abundant evidence that such ideas are erroneous. Not only can the *raw* materials, which compose them, be well prepared here, but the finish and perfection of the instruments will favorably compare with any which are made in Europe. We have lately had an opportunity of examining some very fine microscopes, telescopes, magnifying glasses, and other optical instruments, which were manufactured for the use of physicians by Mr. L. Dessauer, No. 4 London street, in this city. They are not only well made, but are sold at very low prices. There is no necessity of importing instruments of the kind, when they can be obtained in such perfection, in this country, as those we examined.

Prepared Flax for Surgical Purposes.—This excellent absorbent for drying cavities in the operation of filling teeth, or as a dressing for ulcers, is now prepared and sold by B. S. Codman & Co., 57 Tremont Row. We consider it, for most surgical purposes, superior to the best sheet lint ever manufactured. It is put up in convenient packages, at twenty-five cents each.

Sweet Tincture of Rhubarb.—A subscriber at the West requests us to publish in the Journal, the formula for making the "*tr. rhei dulcis*," which was one of the ingredients of a *cholera* compound, that we recommended some time since to be given in the early stages of that disorder. The best formula we know of for making it, is the following—R. Rad. rhei opt. contusæ, saccharum officinarum, aa 3vij.; rad. glycyrrhizæ glab. contusæ,

seminæ anisum contusæ, aa 3 iij. ; alcoholis dilut., Oviiij. M. Digest for two weeks—or displace in a percolator.

Great Fatality from Cholera.—In the parish of St. Michael, in Barbadoes, the cholera has raged fearfully—almost without precedent. The Philadelphia Medical Examiner gives a daily report of the deaths produced by it for one month—from May 14 to June 14 inclusive, by which it appears that 2807 deaths took place in that time. The population of the parish in 1851 was 37,466—of which 5,313 are whites, and 32,153 colored. The per centage of deaths therefore was about $7\frac{1}{2}$ per month, or 1 in 13.34 of the inhabitants. The usual annual mortality of the whole island is about 1 in 65. Not more than 5 per cent. of the cholera deaths were among the whites. In Paris, in 1832, the total of deaths by cholera in the month of April was 12,733.

The Cholera.—Although, as mentioned in our last, the cholera has abated in most of our large cities, there are certain places where it still rages. One of these is Fall River, in this State, where it appears that up to Saturday last no less than 58 deaths by it had taken place. It will be seen by our weekly report that only 12 fatal cases occurred in Boston last week. In St. John, N. B., and Portland in the vicinity, the number of deaths by cholera is stated to be over 700. It is now subsiding there. In many parts of England, we perceive by late advices, the cholera is re-appearing after having greatly subsided or entirely disappeared. In London, 133 cholera deaths took place during the week ending July 29th. In the vicinity of London fatal cases also occurred during the first week in August, and in all the hospitals of London wards were prepared for the immediate reception of cholera patients. In Leghorn, Florence and Naples, the disease was also prevailing.

Unsuccessful Operation for Stone in the Bladder—Coroner's Inquest.—A case has recently occurred at the Royal Free Hospital, London, which has given rise to proceedings of a most important and exciting nature. It seems that a child, named Alfred Richardson, $3\frac{1}{2}$ years old, with stone in the bladder, was brought to the Hospital on the 7th of April. On the 13th the child was operated upon, under the influence of chloroform, by Mr. T. W. Cooke, Surgeon to the Hospital. The operation lasted, after the administration of chloroform, about an hour and a quarter, but the child was not under the influence of chloroform the whole time, and there were conferences, during portions of it, among the medical men present. The forceps were introduced, but no stone extracted. Mr. Cooke is a young man, and had never performed the operation before; he was embarrassed and disconcerted by his failure, and in the opinion of Mr. Surgeon Coulson, one of the witnesses, his knife slipped out of the groove, and passed between the bladder and the rectum. Mr. Wakley, Jr., son of the editor of the Lancet, was present, and assisted by examining with the sound, after Mr. Cooke's failure. After the operation, the child was in a state of collapse, from loss of blood and the effects of chloroform. The child died on the 16th of April. About a month after, an inquest was decided upon, instigated in part, at least, as appears from the evidence, by Mr. John Gay, who had lately been dismissed from the post of surgeon to the Free Hospital. Mr. Wakley, Sen., was ap-

plied to as coroner, but on account of his connection with the assistant surgeon, the inquest was held by Mr. Baker, another coroner. It commenced on the 17th June, and continued, with intermissions, to the 18th of July, occupying ten days. Counsel were employed on both sides, and the excitement and confusion were several times so great that the jury rose in a body and declared they would not proceed. One cause of the delay, was the proof, by witnesses, that £100 had been paid to stop the proceedings of the inquest. After much investigation, it was found the money was furnished by Mr. Steele, one of the governors of the hospital, but it had been squandered so injudiciously that Mr. S.'s purpose had not been answered. The verdict of the jury, on the tenth day, was as follows :

" That the deceased, Alfred Richardson, died of inflammation caused by an operation unskillfully performed by Mr. Thomas Weedon Cooke and Mr. Thomas Wakley, jun. That the jury, finding great difficulty in coming to a satisfactory conclusion respecting other matters deposed to before them, they have resolved to exercise the discretion permitted to them, by declining to give any opinion upon them."

Mr. Cooke immediately sent in his resignation as surgeon to the hospital, but it was not accepted, and he was unanimously requested to continue in his office.

The Inquiry of the Lunatic Commission.—As some misapprehension has existed in regard to the extent of the answers expected of the physicians to whom these letters have been addressed, we are requested to state, that

The Commissioners desire each physician to report only such patients as are in, or belong to, the families that come under his usual professional oversight. Those who are now in hospitals need not be reported.

The names are asked merely to correct any mistake from any patient being reported by more than one, and therefore of being counted twice. If there is no danger of this, the name need not be given, and in all cases the initials will be sufficient.

Those physicians who know of no such patients in their ordinary sphere of professional responsibility, are requested to return the schedule with their name and the word *None*. This will save the Commissioners some doubt, and any further labor.

It is hoped that all answers will be forwarded before the middle of this month.

PAMPHLETS RECEIVED.—The Transactions of the Medical Association of Southern Central New York, at the eighth annual meeting, held at Homer, in June.—The Transactions of the Fifth Annual Meeting of the Medical Society of the State of North Carolina, held at Raleigh, N. C., in May, 1854. Both of these pamphlets contain much useful and interesting matter, portions of which we may copy hereafter.

MARRIED.—In Russellville, Ky., on the 15th ult., P. H. Tanner, M.D., of Benton, Ala., to Miss Emma J. Wilcox, of Russellville.

Deaths in Boston for the week ending Saturday noon, Sept. 2d, 107. Males, 56—females, 51. Accident, 3—bronchitis, 1—disease of the bowels, 1—congestion of the brain, 2—burns, 1—consumption, 12—convulsions, 2—cholera, 12—cholera infantum, 7—cholera morbus, 1—croup, 1—cancer, 1—dysentery, 18—diarrhoea, 2—dropsy, 1—dropsy in the head, 3—drowned, 1—infantile diseases, 11—puerperal, 1—epilepsy, 1—typhus fever, 1—typhoid fever, 1—intemperance, 1—marasmus, 4—mortification, 1—old age, 2—palsy, 3—pleurisy, 2—scrofula, 1—smallpox, 2—teething, 4—thrush, 2—unknown, 1.

Under 5 years, 49—between 5 and 20 years, 12—between 20 and 40 years, 25—between 40 and 60 years, 16—above 60 years, 5. Born in the United States, 70—Ireland, 33—England, 1—Germany, 1—Jamaica, 1—Island of Jersey, 1.

Buffalo Medical School.—We learn from the Buffalo Commercial Advertiser that Dr. Sanford B. Hunt, of that city, has been elected to the Chair of Anatomy in the Medical Department of the University of Buffalo, rendered vacant by the resignation of Prof. Moore, who is about to remove to Columbus, Ohio, to take the Chair of Surgery in the Starling Medical College in that city. To the members of his profession Dr. Hunt is widely and favorably known by his writings in the Buffalo Medical Journal, of which he is joint editor with Dr. Austin Flint. Dr. John Boardman, of Buffalo, takes Dr. Hunt's former position in the University as Demonstrator of Anatomy.

Merited Honor to Professor Cleveland.—We learn from the Boston Daily Advertiser that a subscription paper is in circulation among the graduates of Bowdoin College to procure a portrait of Parker Cleveland, the distinguished Professor of Chemistry in that institution, whose connection with the College will next year complete the term of half a century. The first name upon the list of subscribers is Franklin Pierce, President of the United States. The paper also contains the names of Henry W. Longfellow, Ephraim Peabody, John P. Hale, Wm. H. Allen, President of Girard College, and many others. The painting is to be executed and disposed of under the direction of Prof. Longfellow, Rev. Dr. Peabody, George C. Wilde, and John A. Andrews, Esq. We understand that the paper may be found at the office of the last named gentleman, No. 4 Court street, where graduates of the College may have an opportunity to subscribe to it.

UNIVERSITY OF LOUISVILLE—MEDICAL DEPARTMENT.—The Eighteenth annual Course of Lectures in this Department, will commence on the 30th of October next, and terminate on the last of February, under the following arrangement:

BENJAMIN E. PALMER, M.D., Prof. of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M.D., Prof. of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M.D., Prof. of the Principles and Practice of Surgery.

HENRY MILLER, M.D., Prof. of Obstetric Medicine.

LEWIS ROGERS, M.D., Prof. of Materia Medica and Therapeutics.

J. LAWRENCE SMITH, M.D., Prof. of Medical Chemistry and Toxicology.

AUSTIN FLINT, M.D., Prof. of the Theory and Practice of Medicine.

T. G. RICHARDSON, M.D., Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The fee for admittance to the Lectures of each Professor, is \$15 (105 in all), payable invariably in advance. Matriculation and Library fee together, \$5; Graduation fee, \$25; Practical Anatomy and Dissection (ticket to be taken at least once before graduation), \$10. Rooms open from 1st October.

A preliminary Course of Lectures will be delivered, without additional charge, during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.—Ticket (to be taken once before graduation), \$5.

A Clinique has been established in connection with the University, at which cases are examined, prescribed for and lectured upon in presence of the class.

☐ Good boarding can be procured at \$3 a week.

L. P. YANDELL, M.D.,
Dean of the Faculty.

Louisville, Ky., June 14, 1854. je 28—

DR. CHANNING has removed to No. 24 Bullfinch street, corner of Alston street.
Office hours from half past 7 till 9 A. M., and from 1 to 4 P. M. May 17—tf

TO PHYSICIANS.—Physicians wishing to dispose of their practice and property may hear of a chance by addressing, post-paid, with particulars, INNOMINATA, M.D.,
Mast Yard, N. H.

July 12.—5t

UNIVERSITY OF NASHVILLE—MEDICAL DEPARTMENT.—The Fourth Annual Course of Lectures in this Institution will commence on Monday, the 30th of October next, and continue until the first of the ensuing March.

ROBERT M. PORTER, M.D., General and Special Anatomy.

J. BERRIEN LINDSLEY, M.D., Chemistry and Pharmacy.

C. K. WINSTON, M.D., Materia Medica and Medical Jurisprudence.

A. H. BUCHANAN, M.D., Surgical and Pathological Anatomy.

THOMAS R. JENNINGS, M.D., Institutes of Medicine and Clinical Medicine.

W. K. BOWLING, M.D., Theory and Practice of Medicine.

JOHN M. WATSON, M.D., Obstetrics and the Diseases of Women and Children.

PAUL F. EVE, M.D., Principles and Practice of Surgery.

WM. T. BRIGGS, M.D., Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October.

A full Preliminary Course of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

A Clinique has been established, in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Arrangements have been made to accommodate all patients requiring surgical operations.

Amount of Fees for Lectures in the University is \$105. Matriculating fee (paid once only), \$5; Practical anatomy, \$10; Graduating fee, \$25.

Excellent board can be obtained for \$3 per week. Further information can be had by addressing,

J. B. LINDSLEY, M.D., Dean of the Faculty,
No. 33 College st.

Nashville, Tenn., March, 1854. jy 28—tN 1

UTERINE DISEASES.—L. PARKS, Jr., M.D., No. 88 Dover street, gives special attention to Diseases of Females. Office hour from 1-2 to 2-12 P. M., daily. Dec. 14—tf

ROBINSON'S PATENT PESSARY—may be obtained. Wholesale and Retail, of Aaron P. Richardson, M.D., No. 36 Greenstreet, Boston. May 29.—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LI.

WEDNESDAY, SEPTEMBER 13, 1854.

No. 7.

LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NO. XIV.—DISPLACEMENTS OF THE UTERUS IN GENERAL.

GENTLEMEN,—Now that you know, after the numerous details into which I have entered, the characteristics proper to each species of displacement, it will be easy for us to take a general survey of all these displacements, and to collate them in such a manner as to form a distinct nosological group.

The preceding descriptions have clearly sustained the *general definition* of displacement which I gave you at the commencement of these lectures. Let us endeavor, then, at the present time, to distinguish that which is common to all displacements, from that which is peculiar to each form.

§ 1. *Etiology*.—In relation to the causes, and, under this head, to *age* in particular, we see that the disease is in general produced in women not advanced in years; and that the critical age could never be ranked among the causes in the cases which we have observed. I have never even seen—save very rarely—displacements persist in aged females; and I ask myself if the symptoms of the displacement might not disappear after the cessation of the catamenia, either from the uterus—now atrophied and lighter—being more inclined to resume its normal direction, or because the neighboring organs being less compressed, the displacement, though persisting, no longer causes pain. I propose this explanation with reservation, since there are cases in which the displacement has persisted with all the symptoms a long time, even after the cessation of the catamenia. For myself, I have seen a small number of such cases, and it is doubtless in consequence of similar facts, that the critical age has been reckoned among the causes, on the theoretical ground that the uterus, having become the seat of an unwonted congestion, at the time of the cessation of the catamenial function, would be more than at other periods disposed to displacement.

The partisans of this view have been led into error in consequence of not having fixed with sufficient accuracy the time of commencement of the disease, the first symptoms of which, even in the cases reported by themselves, date back to a more or less distant epoch, and one gene-

rally long previous to that of the disappearance of the menses. Thus the patients whose cases have served us in this investigation, had suffered for a length of time varying from a few months to twenty years (between 3 and 9 or 10 years with the larger number), at the moment when they first put themselves under our care. In them the commencement was during the period comprised between the ages of 20 and 30 years, or in the neighborhood of 25 years—that is to say, at the age when women are most apt to become mothers. It was important to draw attention to this peculiarity, which leads us naturally to examine the influence of parturition—a cardinal question in the etiology of uterine displacements. Now, here is a general summary of what we have observed in the cases which I have collected.

Of our 68 patients, 58 have had several pregnancies. Of the 10 others, 3 were virgins, and 7 only can be considered as completely sterile.

On confronting these figures in a general manner, one would at first be led to believe that the existence of a displacement is not a cause of sterility. But if we enter into the details, we arrive at an entirely different conclusion.

However inconsiderable in fact this number of 7 sterile women out of 65 may appear, it must be allowed, nevertheless, that it has a certain degree of importance when we consider that these women—of good conformation in other respects—had done nothing to avoid having children, and that even several of them desired very much to become mothers. But what is much more conclusive is, that though the same remarks are applicable to them, 26 have had but one single pregnancy, terminated by parturition at the full term, or by miscarriage (one of them discharged a mole), and that the symptoms of the displacement having manifested themselves afterwards, conception was thenceforward impossible. Add to this that 10 have had miscarriages—of this number 3 having had two, and 5, whatsoever precautions were taken, though perfectly apt for conception, having never been able to arrive at the termination of pregnancy, and having produced only abortions.

These facts, you perceive, gentlemen, have a signification quite different from that which you would have been led to attribute to them by a superficial examination. They prove that displacement may, in a good number of cases, be a cause of sterility, and that, too, in women who have previously borne children; and that even if conception be possible, the disease may obstruct the regular termination of gestation.

The influence of this cause may further make itself felt at the moment of parturition in the cases in which pregnancy has happily been continued to the full term. M. Dezanneau (*De l'obliquité antérieure de la matrice*, Paris, 1835) has cited facts which prove that in such a case the body of the uterus, in consequence of the flaccidity and of the slight resistance of the anterior abdominal wall, especially in multiparæ, may, by inclining forwards, become displaced and fall behind the pubis. In this condition, its contractions will tend to push the fœtus not towards the outlet of the pelvis, but towards the concavity of the sacrum; whence grave difficulties in delivery. In order to obviate these acci-

dents, of which he has several times been witness, M. Dezanneau thought of the expedient of sustaining the abdominal walls by means of a binder which should keep the uterus supported until the moment of delivery. I myself, without having been aware of what he had written on this subject, had counselled this measure to a lady of whom I have already spoken to you (page 92). Having had an anteversion after her fifth confinement, she had remained five or six years without becoming pregnant. A sixth pregnancy followed close upon the re-placement of the uterus. It was then that I caused her to employ the binder, which prevented the uterus from falling forward.

The facility or the difficulty of parturition, the duration of labor, &c., have had no influence upon the production of displacement—neither has walking too soon after confinement, two or three only of our patients having been exposed to the action of this cause, the importance of which has been exaggerated.*

As for abnormal *adhesions*, and *engorgement*, of the uterus, considered as causes of displacement, you recollect, first, that we have never met with real adhesions, since the uterus has always been, by means of the sound, brought into its normal direction, after having offered more or less resistance; secondly, that in the cases in which we found *engorgement*, it has been impossible for us to know in a precise manner if it occurred previously or subsequently to the displacement. It is, then, with reference only to the symptoms that we should treat this question.

Nevertheless, it becomes us to say at once, that if we have established the impossibility of determining the existence of a previous engorgement, we have not wished to deny the existence of that engorgement, and the part it may have played in the production of the disease, by facilitating the displacement; for it is very evident that in the cases in which delivery was recent, the uterus not having had time to recover its normal bulk, it must have been subjected to similar conditions.

To sum up, we are led to admit that the uterus not having yet returned to its ordinary size after delivery—at the full term or premature—there is a greater tendency on its part to deviate from its normal position under the influence of walking, or any other movement involving some degree of violent effort. In certain cases, even, unconnected with parturition, falls, blows, violent efforts, &c.—all mechanical causes acting in an identical manner—have sufficed to produce the disease.

In 9 of our patients, the action of these causes has been followed by the immediate appearance of the first symptoms of the disease.—(Cases III., XV., &c.)

As to the other causes, their importance is no more than secondary, not to say null. It is true that in the neighborhood of half of our cases we met with the elements of the lymphatic temperament, either alone or united to those of the sanguine or of the nervous temperament. But what inference can be drawn from this fact, considering how difficult it is to understand what should characterize in a precise manner such or such a temperament? It is to be remarked, also, that in females the ele-

* There are other eminent observers, however, whose experience has been the reverse of this.
—TRANS.

ments of the lymphatic temperament predominate as a general thing. It is not, therefore, astonishing that we found them in a large number of our patients.

I will say the same in relation to menstruation, the facility or difficulty with which it is established, the increase or diminution of the sanguineous flow, delays or the reverse in its appearance, the presence or absence of leucorrhœa, &c.—all matters in which there is the greatest variation in the most healthy women, as well as in those affected by displacements.

§ 2. *Symptoms.*—The most frequent of all the symptoms is the spontaneous pain which was developed in all the cases except one. (Case I.) This pain, which extends through the whole pelvis into the hypogastrium, into the kidneys, into the groins, or into the sacrum, often affects points in the direction of the displacement. Thus while it existed 29 times in the groins or in the thighs (that is to say, in front), out of the 35 cases of anterior displacement (anteversion or ante flexion), it was found but 16 times in the same points out of 33 cases of posterior displacement (retroversion or retro flexion). But, by way of compensation, in all the 33 cases of posterior displacement, it was seated in the renal region or towards the sacrum, sometimes very low; whilst it was met with at this point but 13 times out of the 35 cases of anterior displacement; whence I conclude this pain is due in general to the pressure of the body of the uterus upon the neighboring organs, since it manifests itself principally upon the side towards which the womb is inclined; and that, in the cases in which it exists on the opposite side, it is the cervix, which, having become more bulky, exerts this painful compression.

It is in accordance with the same mechanism that I explain the *troubles in micturition* which were frequent 22 times out of 35 cases of anterior displacement, and 3 times only out of 33 cases of posterior displacement; and I thus also explain the *difficult defecation*, which occurred in 29 cases out of 33 of posterior displacement, and in 18 only out of 35 of anterior displacement. I do not here repeat what was said upon this subject in the course of the preceding lectures (pp. 514 and 515), but I must call your attention to the fact that I have never met with the incontinence of urine mentioned by Prof. Simpson in anteversion. I have seen only more frequent desire of evacuating the bladder, and sometimes pain—more or less intense—during micturition.

The symptoms which I have just enumerated as characterizing uterine displacements, have been placed to the account of *engorgement*—and it is this point which was the especial subject of discussion in 1849 at the *Académie de Médecine*. Accordingly, it deserves our special attention.

If M. Velpeau has been reproached for having, in the course of the discussion, denied the existence of the engorgement, it is owing, I think, to his views not having been accurately comprehended. He in reality simply stated that in the immense majority of cases, what is taken for simple engorgement is nothing else than displacement, complicated or not, with engorgement; and, according to him, to the displacement are due the principal symptoms wrongly attributed to the engorgement.

This opinion, thus expressed, is perfectly in accordance with the results of observation; for the cases in which the engorgement alone suffices to produce symptoms are rare exceptions, and we have, on the other hand, ordinarily seen the symptoms disappear after the replacement. Now, it is very evident that the engorgement—often very considerable—which our patients presented, could not have disappeared in a few days. We have, besides, been able to assure ourselves of this by direct examination, which has shown us that this engorgement is dissipated but very slowly, since, in the greater part of the patients cured, the uterus did not return to its normal dimensions till four, six, eight months, and longer, after the cure. Nevertheless, I must repeat, these women no longer experienced any symptoms and enjoyed perfect health, the uterus in their cases being still very bulky, but replaced in its normal axis.

The reality of the fact has also been demonstrated to us in another manner. In several patients we have seen the displaced uterus become displaced anew. Now mark this—while the uterus was in place there were no symptoms; and as soon as it was displaced again, the symptoms re-appeared.* This took place in the patient whom I mentioned to you in the first lecture—(pp. 171 and 172).

Finally, as a last proof, I will recall to you what still occurs occasionally in the patient who is the subject of Case XVII.* You have not forgotten that she feels herself immediately relieved by the application of the stem-pessary, though she has an enormous engorgement; and that as soon as the uterus ceases to be maintained in its normal place, and resumes its faulty position, all the sufferings of the patient re-appear. Can any one, after this, fail to perceive, that although engorgement may augment the intensity of the symptoms by increasing the weight of the uterus, and leading it to compress the neighboring organs, it does not suffice of itself to produce them?†

The other symptoms, common to all displacements, and found in nearly equal proportion in the different forms, are *leucorrhœa*, which was noted in all the patients, whilst before the commencement of the malady it existed in but a small number; then *inappetency*, and as a consequence of this, *debility*, *emaciation*, *pallor*.

* This case occurred in that portion of the text which we have omitted in our translation.—

TRANS.

† Dr Henry Bennet writes me, in relation to this point, "that he still finds that when the uterus has been brought into a perfectly healthy state, and is free from morbid sensibility, its deviation from the physiological position within reasonable limits, is of very little importance. Throughout the economy, the pressure of an inflamed, morbidly sensitive organ, externally or internally, is productive of pain and disturbance, but passive pressure is everywhere borne without any evidence of its existing until functions be impeded."

I will presume to add that my own comparatively limited observation leads me to believe that in the large majority of cases of engorgement complicated with displacements, if the practitioner effects the removal of the former affection, and in accordance with the suggestion of Dr. Bennet, gives his patient six or twelve months to recover in, he will then find that there is no occasion for pessaries of any kind. The displacement will have already disappeared.

On the other hand, it may not be amiss to quote here a remark of Dr. Meigs—premising that though the statement is predicated of retroversion, it should be equally applicable to the other forms of displacement. "But," says Meigs (*Transactions American Medical Association*, 1853, p. 391), "let it be remembered that the womb is constitutionally prone to set off on a race of hypertrophic development, and we may understand how it shall be readily provoked to commence a process of hypertrophization by the awkward, unnatural and irritating posture it acquires in retroversion."—TRANS.

Intestinal troubles were, it is to be remarked, more frequent in the backward displacements—and that in consequence of the pressure exerted by the body of the uterus upon the rectum. *Walking*—more or less impeded in all—was extremely painful in some, and in general was more difficult, other things being equal, in the cases of backward displacement than in the others.—(Cases XIV., XV., XVIII., XIX.)

§ 3. *Diagnosis*.—I will not dwell upon the diagnosis, which has been carefully treated in connection with each species taken by itself. It will suffice to remind you how diverse and various are the diseases to which the symptoms of displacement have been thought referable whenever that lesion has escaped detection. The disease has been pronounced *hysteria*, or one of the *diverse forms of neuralgia*, or *dyspepsia*, or *phthisis*, or an *affection of the liver*, or a *disease of the kidneys*, sometimes even an *organic lesion of the heart*. This last mistake was made in a case in which anemia having set in, in the course of the disease, gave rise to a *bruit de souffle*, there being at the same time palpitations and pain in the side.

But it is especially with prolapsus uteri that until within a few years displacements of this organ have been most often confounded. It is true that in almost all the cases, and principally in retroversion, the uterus is engorged and depressed. How it has happened that practitioners of great distinction, at whose consultations I have been present, have, after having satisfied themselves of this depression, stopped here in their examination, and overlooked the existence of the displacement, is explained by the fact that in anteversion they have encountered the body of the womb very low in front, and in retroversion the cervix very near the vulva. They attributed to traction upon the ligaments the symptoms which manifested themselves. But experience demonstrates that if there be no displacement, the ligaments are not generally put upon the stretch so as to produce pain, so long as the mouth of the womb does not appear beyond the vulva; and it may be easily conceived theoretically that the uterus—situated as it is between the bladder and the rectum—may glide between these two organs without this displacement, occasioning symptoms, so long as—its direction remaining the same—it compresses neither of them.

It is, then, to the compression which the uterus exerts on the neighboring organs, after having been displaced, that the principal symptoms are due. The proof is this—that the pains cease if a good direction is given to the organ, although the depression continues the same as ever. You will, then, guard against attributing to the prolapse, symptoms which disappear before that is removed; and above all, against calling in question the reality of a cure, by bearing in mind this fact alone, that the depression will persist when the displacement shall have been reduced, and although there may exist no symptoms of the disease. This is, however, a point to which I shall revert in another place.

§ 4. *Prognosis*.—I told you (page 272) in what terms M. Velpeau stated the prognosis of uterine displacements. The insufficiency of the remedial means which he had in view completely justified this grave prognosis; but at this day this statement must be greatly modified, as in

the larger number of cases we have found the disease perfectly curable by means of a new treatment systematically followed up. What is most remarkable in this connection is, that the existence of the disease for a great length of time offers no insurmountable obstacle to the cure, which has been obtained as well when the disease had lasted nine years, as when it had been in existence but a few months. These facts are opposed to the view taken by Dr. Davis, as cited by Dr. Beattie (*Cases of Retroversion, Dublin Quarterly Journal, August and November, 1847*). With Dr. Davis, old and chronic cases were more grave, and could only be cured after the occurrence of a new pregnancy. You have had opportunities of assuring yourselves by numerous examples, which have passed before your eyes in this Hospital, that displacements, even those of longest standing, recover very well without the necessity of a new pregnancy—a very fortunate circumstance, since, in a very large number of cases, the displacement is an obstacle to conception.

OBSERVATIONS ON EPILEPSY. .

[Continued from page 80.]

DR. CARPENTER, in his "Physiology," speaking of "pathological phenomena," says, "Many instances are on record in which extensive disease has occurred in one hemisphere, so as almost entirely to destroy it, without either any obvious injury to the mental powers, or any interruption of the influence of the mind upon the body." If this be so, is it probable that a disease, which affects the mind as much as epilepsy does, could *first originate* in the hemispheres, and yet there be no trace of disease having existed there until the epilepsy had continued for a long time?

If Dr. Todd had said the *cerebellum* was the primary part where epilepsy is "*located*," he would, doubtless, have come quite as near the truth, and been as well sustained by post-mortem appearances. M. Wentzel, whom Dr. Eberle called "an indefatigable anatomist," in a very great proportion of heads which he examined, of patients dead of epilepsy, found the *cerebrum perfectly sound*, whilst the *cerebellum* was uniformly in a diseased condition. The part which he found most frequently affected was the *pineal gland*. "The *cerebellum* was, generally, of a dusky red, approaching to a blackish color; in some cases it exhibited a whitish or yellow hue; and, in a few instances, the posterior lobe was of a gray color. This portion of the encephalon was sometimes very soft—more frequently, it presented a preternaturally hard and compact structure."

As to "the *mesocephale*" of Dr. Todd, upon "the disturbance of which," he says, "*the convulsions depend*," we think he would have been better sustained if he had said the *whole* of epilepsy depended upon *these* portions of the brain, or upon these in connection with those parts of the nervous system which he *excluded from being concerned in it*. We believe they depend much more upon the quadrigemina, the medulla oblongata and spinal cord, than upon either the cerebellum or cere-

brum; and that this "localizing" of the convulsions will much better account for all the epileptic phenomena—both the coma, *sympathetically affecting the cerebrum*, and the *convulsions*, by irritating the medulla oblongata and spinal cord.

As it respects the *motor apparatus*, we are sustained in this opinion by the experiments of M. Flourens and M. Hertwig. They show that that part of the motor apparatus which causes convulsions consists of the corpora quadrigemina, medulla oblongata and spinal cord, while injuries inflicted upon the optic thalami, corpora striata, the cerebrum, the pons varolii and the cerebellum, cause *enfeebled motion*, but no convulsions. Indeed, if any point in physiology is established, so far as the brain is concerned, it is this—viz., lesions or irritation of the medulla oblongata and spinal cord, *always* cause convulsions.

Müller, also, in reference to this same subject, says, "Although owing to the re-action of different parts of the brain on each other, it is probable that other parts than the corpora quadrigemina and medulla oblongata may, in disease, excite convulsions by sympathy, yet from the facts above mentioned (by Flourens and Hertwig) we may infer that, when the power of motion of the limbs is defective from disease in the central organs, the cause may be seated, either in the corpus striatum, thalamus opticus, hemispheres, pons, cerebellum, medulla oblongata or medulla spinalis; but that, in cases of *convulsions*, or *convulsions* with paralysis, dependent on diseases of the brain or spinal cord, *the seat of the disease is more likely to be in the corpora quadrigemina, medulla oblongata or spinal cord, than in the other parts of the nervous centres.*"

All the writers upon this subject have been more or less deficient and obscure; and even M. Solly, who may be said to be among the *most able* of them, is, sometimes, not a little misty. As it is a nervous subject, it is possible they have all been a little *nervous*. Sir Charles Bell was *reported* to have thrown much light upon this system; but Dr. Alexander Walker represents Mr. Bell's light as only *lunar*, and charges him with having *stolen his thunder*, which he (Walker) fulminated to his pupils several years before Bell knew anything about it. Verily, the *Titan* race were not all destroyed when the Roman poet had the following vision:—

Vidi et crudelis dantem salmonæ poenas,
Dum flammæ Jovis et sonitus imitantur Olympiæ.

Thus we may be consoled with the reflection that ours is not the only age or country, in which some *jump-up-behinder* has *stolen thunder*, as in the ether and collodion controversies of our times.

The plain fact in the case is, *dissections do not explain the phenomena of epilepsy*. Every part of the brain, at different times, and by different pathologists, has been found diseased, where no epilepsy and no mania, nor any other mental aberration, was manifested during life; and, in many cases where epilepsy and insanity had existed, *no trace of a diseased brain has been found*.

Dr. Badeley, in his Lumleian lectures, speaking of insanity complicated with epilepsy, says—"In recent cases, it frequently happens that no disease of structure can be detected. In no class of diseases is this more

frequently the case than in those of the nervous system. The structure of the brain and nerves is so extremely delicate, and there is something so subtle in their mode of action, that considerable disturbance often arises in their functions, without our being able to detect a corresponding physical cause. Many of these disorders are, consequently, termed *functional*."

On the other hand, Dr. B. adds, "disorganization of cerebral substance may exist, to a considerable extent, without any manifestation of it during life; and large quantities of the brain have come away, after severe fractures of the cranium, without any deterioration of the intellect. Instances of this are recorded in the Edinburgh Medical and Surgical Journal; and I have heard, also, of a boy who, on a portion of the brain coming away, through a fissure in the skull consequent on violent injury, requested that it might be sent to his schoolmaster, in refutation of the schoolmaster's having often told him "*he had no brains*." In a word, great diversity, uncertainty and difference of opinion, exist on the pathology and physiology of this important organ, notwithstanding the results of dissections and all the researches that have been made."

If any one wishes for further proof that the brain may be very much injured and the patient still live and have the powers of his intellect but little impaired, let him read the account of Phineas P. Gage, of Vermont, as given by Dr. Harlow, in the 39th volume, page 389, of the Boston Medical and Surgical Journal. There he will find that an iron bar, 3 feet 7 inches long, $1\frac{1}{4}$ inch in diameter, and weighing $13\frac{1}{4}$ pounds, was driven through the head, from below the zygomatic arch, passing through the anterior lobe of the cerebrum, and coming out at the median line at the junction of the coronal and sagittal sutures. In this case there were very slight convulsions, but *general tremors and debility of the lower extremities*.

Dr. Carpenter, in his "Human Physiology," says, "No irritation or injury of the cerebral fibres themselves, produces either sensation or motion. Even the thalami and the corpora striata may be wounded without the excitement of convulsive actions; but if the incisions involve the tubercula quadrigemina, or the medulla oblongata, convulsions uniformly occur. When convulsions occur during diseases which appear limited to the cerebrum, we infer that the medulla oblongata and spinal cord are involved."

Hence we infer that those pathologists who refer epilepsy in all cases to *disease of the cerebrum or the cerebellum*, have been mistaken. No disease of these (strictly confined to them), will produce the manifest symptoms, or *convulsions* of epilepsy; while a lesion, or even a *sympathetic* influence upon the tubercula quadrigemina, medulla oblongata or spinal cord, will produce the convulsions of epilepsy, without involving, except sympathetically, either the cerebrum or cerebellum. The functions of the cerebrum, and its structure even, may be disordered, in the language of Foville, "by repeated epileptic attacks," and, undoubtedly, often are; but this is a very different affair from its being the *original seat* of epilepsy.

Dr. Carpenter says again (sec. 502), "Of the proper *convulsive* dis-

eases, it appears that the whole may be attributed to a morbid state of the cranio-spinal axis and its nerves:" and in section 503, he says, "epilepsy is a convulsive disease, whose original seat is in the cranio-spinal axis, though the cerebrum is also affected." Dr. C. has entirely set aside the *cerebellum* from having any concern in epilepsy.

Dr. Todd has excluded the *cerebellum*, the *medulla oblongata*, the *spinal cord*, the *corpora striata*, and the *optic thalami*, from having any concern in the *first* symptoms of epilepsy. He then adds, "there remain only two parts of the brain in which we can *localize* the primary disturbance of the epileptic paroxysms—namely, the *hemispheric lobes* and the *mesocephale*." He supposes the *cerebrum* or *hemispheric lobes* must be implicated, because there are loss of consciousness and other mental phenomena, which cannot take place unless these hemispheres are diseased. But are there not loss of consciousness, and the same mental phenomena, in *every case* of epilepsy? Why, then, are not these hemispheric lobes diseased in the *first periods* of epilepsy, instead of, as Foville says, only "after repeated attacks"? Dr. Todd admits that the *convulsions* are not caused by disease of the cerebrum. Thus far, Dr. T. and Dr. C. are agreed; and between them both they have stated that the convulsions of epilepsy are not dependent upon either the *cerebrum* or *cerebellum*.

In this opinion, undoubtedly, they are both correct; and if they had maintained that the mental phenomena were produced simply by *sympathy* of the cerebrum with other parts of the organism, it is believed they would still both have been correct, and their opinions would have harmonized with the experiments of Foville.

MEDICAL CASES AT THE MASSACHUSETTS GENERAL HOSPITAL.

MESSRS. EDITORS,—A few visits recently made to the Massachusetts General Hospital, have enabled me to take notes of some cases which would seem to be generally interesting. By permission I am enabled to communicate them to the Boston Medical and Surgical Journal.

No. 5 Rowe st., Boston, Sept., 1854. R. M. HODGES, M.D.

I. *Case of Ascites, under the Care of Dr. D. H. STORER.*—C. C., aged 10 years, colored boy, entered Hospital July 18th. After a good deal of exposure to wet and cold in coasting and sliding, his feet began to swell, and subsequently his scrotum and abdomen. His urine has been scanty, and his bowels costive. He has been under medical treatment, and had his scrotum tapped, and his abdomen was relieved considerably during and subsequently to an attack of scarlet fever. On examination, no cardiac disease or resistance on palpation of abdomen. Urine, about $\frac{3}{4}$ viij. daily, slightly coagulable. Since entrance treatment has consisted of active cathartics, squills and cream of tartar, and a bandage with a pad beneath it, tightly swathed round abdomen.

Aug. 8th.—Fluctuation nearly gone; legs not œdematous. Some fluid in scrotum; otherwise doing well. Has lost six inches in abdominal circumference since entrance.

9th.—He was put upon squill, digitalis and submuriate; and on the 13th, since he complained of uncomfortable sensations in his stomach and headache, he was ordered submuriate and opium for its specific effect. On the 14th he complained of great pain in abdomen, and of distension. This was accompanied by vomiting and a diarrhoea, in which he passed some blood. Pulse 140. Dyspnœa and effusion into cellular tissue of face. He was ordered Dover's powder and poppy fomentations to abdomen.

15th.—More comfortable, though pain still exists in right hypochondrium.

16th.—Frontal headache, restlessness and screaming; gradually losing consciousness through the night. Pulse small. Had blister to back of neck and draughts to feet. Unable to take medicine. His groans, tossings and shoutings were such that inhalation of ether was ordered.

17th.—Quieted by ether; no groaning or tossing; no consciousness. Pupils dilated slightly, and irregularly contracting on admission of light. Constant irregular motion of right arm. Mouth drawn to the left. Abdomen tympanitic, and face still swollen. Is directed to continue the submuriate, to have ung. hydrarg. ʒj. rubbed into groin and axilla three times a-day, to have a blister four inches square to right side of abdomen, and this to be dressed with ung. hydrarg. Death ensued in the evening.

At the autopsy, about a quart of serum, and a considerable quantity of flocculent detached lymph were found in abdominal cavity. No inflammation of peritoneum. ʒ viij. fluid in pleura. Old adhesions at top of left lung. All the various thoracic and abdominal viscera were normal. Membranes of the brain injected; some lymph effused beneath the arachnoid. Small amount of serous effusion. No trace of tubercular disease. Mesenteric and bronchial glands somewhat enlarged.

Here was a case simulating idiopathic effusion, and presenting every hope for recovery; subsequently symptoms are developed which make this opinion doubtful, and clearly indicate a tubercular origin, which the autopsy, nevertheless, failed to confirm. Pressure from the large pad which he used may have developed acute symptoms. But it is more than probable that they originated in the fatigue and indulgence of appetite incident to a picnic from which he returned very much tired, about a week previous to appearance of active symptoms. This fact was learned after his death. The subsidence of the effusion after scarlet fever is a point of interest.

II. *Acute Rheumatism*, under the care of Dr. M. S. PERRY.—T. B., aged 16. Irish. Entered Hospital June 28th. Was attacked with acute rheumatism June 22d, and kept his bed after the 24th inst. Pain now sufficient to keep him awake at night; has no appetite, but much thirst. Bowels costive; urine free. Has no cardiac symptoms. Tongue much coated. Hands red and swollen. Has had no treatment. R. Hydrarg. sub. mur., grs. viij.; ext. coloc. comp., grs. x. M. Liquid farinaceous diet, and one grain of opium p. r. n.

June 29th.—Five dejections from pill. Pain much less.

30th.—No pain. Has taken no opium.

July 1st.—Up and dressed; free from pain.

Discharged July 7th.

It is not often that acute rheumatism yields so readily, or that so simple treatment is effectual. It is to be noticed that the catharsis produced was profuse, and hence somewhat analogous in effect, perhaps, to colchicum. The joints, moreover, affected, were those of the extremities, where it is said colchicum is most successful.

III. *Pharyngeal Tumor*.—Dr. M. S. PERRY.—M. B., æt. 21. Irish. Female domestic. Single. Entered Hospital Aug. 2d. General health good, and free from hereditary taint. Fifteen months since was taken with cough, and has done no work since. Has had active medical treatment, and taken cod-liver oil, without benefit. Has not lost much flesh. Has no night sweats and no expectoration. Complains only of weakness.

Aug. 4th.—On examination of chest, no marked physical signs of disease can be found. On inspection of throat, enlarged mucous follicles observed, and on the posterior wall of the pharynx behind and to the left of the uvula there exists a pendulous excrescence, like a wart, about a quarter of an inch in length. This was removed by scissors. Rapid improvement followed, and on the 7th there was little or no cough. On the 9th she is discharged.

Here is a very simple termination to what was apparently a very serious disease. The case, in its history, is analogous to one of elongated uvula, a disease more dangerous from its liability to pass undetected than from any malignity *per se*. The frequency of cough from this cause is not so generally remembered as it should be. It is hardly mentioned by writers, and this may account for frequent instances of neglect to examine the throat in patients who have long had a cough. Tumors of the velum palati and pharynx are of rare occurrence, and it is the more to be regretted that this was not examined microscopically. The case is interesting on this account, and because of the slight amount of inflammation accompanying it, which is so generally found in connection with elongated uvula. The tumor itself was not inflamed, and the follicular inflammation coexisting was slight and scattered.

IV. *Idiopathic Pericarditis*.—Dr. M. S. PERRY.—C. D., æt. 40. Irish. Female domestic. Unmarried. Entered Hospital July 14th. General health good and free from hereditary predispositions. Has been ailing for three weeks, and gave up work one week since, owing to the following symptoms, viz., nausea, loss of appetite, bad taste in mouth, heart burn, constipation, palpitations, weakness, chills and heat, and occasionally slight cough. She perspires slightly at night, but sleeps well. Catamenia, though generally regular, came on a week ago after an interval of two weeks, and continued quite profuse, but without pain, up to last night, when the flow ceased. Her countenance is thin and haggard. Tongue coated, moist; skin cool; pulse 94, feeble. No dejection for three or four days.

On examination of chest, nothing abnormal except about heart, where there is dullness on percussion over a larger extent than natural. No apparent enlargement of side. Bellows sound is heard near apex of heart, following the first sound and obscuring the second. There

exists a slight friction sound, and the impulse is feeble. On inquiry, she says she never had any trouble about the heart till three weeks ago, when she was taken with sharp pain in left side, which has continued up to present time. Says she has not been exposed, nor is aware of having taken any cold.

Is ordered blister three by four inches over cardiac region. R. Hydrarg. sub. mur., gr. j.; pulv. opii, gr. $\frac{1}{2}$; pulv. digitalis, gr. $\frac{1}{4}$. M. Every six hours. Liquid farinaceous diet.

July 16—18.—Pain less since blister. Pulse feeble, intermittent about every eighth pulsation. Feels faint on attempting to rise. The pill was omitted on the 17th, and she had a mild cathartic. On the 18th felt much better, though the physical signs remained the same. Had four dejections from Seidlitz powder. R. Tinct. digitalis, gtts. xx. every four hours.

On 19th felt still better, though she had some palpitation on the previous afternoon. Pulse regular, 84. Friction sound increased. Continue the digitalis and R. Pil. hydrarg., ext. cicutæ, āā grs. ij. M. Three times a-day.

On the 21st she had another blister, and on the 22d the friction sound was less, and the action of the heart quite feeble. Pulse regular, 80. On the 24th, digitalis was omitted, and on 27th Dr. Perry made the following record:—"Patient improving. Dullness on percussion over less extent than at last examination. Friction sound almost entirely disappeared. Both sounds of heart heard over nearly whole of cardiac region."

29th.—Second sound of heart much more distinct than first; impulse felt with difficulty. Aug. 4th. Up and dressed. Feels well, but weak. Resonance over cardiac region normal. Sounds of heart distinct. No pain, no difficulty of breathing. Appetite good. Pulse regular, 72. Discharged on the 9th.

Acute pericarditis is likely to occur from exposure to cold, or when no exciting cause can be detected; but for one such case numbers will be found in connection with other inflammatory diseases, and the relation of pericarditis and rheumatism is of course well known. Here, then, we have a case interesting from the absence of any such connection, which certainly is rare, however much the relation of pericarditis and rheumatism may have been exaggerated. The rapidity of recovery, the simple treatment, and the facility with which the effusion was dispersed under the action of the blister, are points to be specially remarked.

POLYPUS OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I offer the following remarks, presuming that they are not entirely without practical interest, and that any suggestions for dispensing with the tedious process of the ordinary ligature for removing intra-uterine tumors, or with the more summary process of the knife, will not be unacceptable.

Very respectfully yours,

Greenfield, Sept. 4, 1854.

J. DEANE.

A young married lady was seized with uterine hemorrhage, which, without much reflection, I attributed to impending miscarriage, but its obstinacy and its severity soon rendered a thorough investigation indispensable. With much difficulty a solid substance could be just touched within the cavity of the uterus, but so very slightly that no definite judgment could be entertained of its essential character, for, anything to the contrary, it might be simply coagulum or fibrinous deposition. In this state of uncertainty further inquiry was postponed over to the succeeding day, when precisely the same condition of things existed. It was then obvious that the extraneous body was a tumor of the unimpregnated uterus, and upon a rigid examination this proved to be the truth. It was suspended from and occupied the fundus of the womb, and to remove it, I hit upon a successful expedient in which the value of this notice, whatever that may be, consists.

I cut off the curved end of a male catheter, leaving a nearly straight tube some eight inches in length through which I passed a fine annealed silver wire, and returned it back again with the exception of a loop at the outer extremity of the instrument of sufficient size to encircle the tumor. One end of the wire was then twisted to one of the rings of the catheter and the other left free, and in this condition the loop of wire was inserted into the uterus, and embracing the tumor, was carried directly to its attachment and firmly drawn around its pedicle. Finding this to be painless, I attached the free extremity of the wire to my pen-knife, and using it for a handle separated the tumor almost instantaneously. It proved to be a solid fibrous polypus, ovoid, an inch and a half in its transverse, and an inch in its conjugate diameters, with a pedicle of no appreciable length half an inch in thickness. The manœuvre occupied much less time than is required to describe it; the hemorrhage ceased at once, and the restoration of the patient was rapid and complete.

I have since used this simple instrument in three instances with uniform results, once within the body, and twice within the neck of the uterus. No polypoid growths can resist the cutting power of a fine tough wire properly applied; and if the test be painless, the tumor may be separated with as much certainty and expedition as with a knife, without the repulsive necessity of dragging down and displacing it and its attachments.

I think a very efficient instrument might easily be devised simply by attaching to one extremity of a suitable tube a revolving key, similar to that used for tightening violin strings. In this case the power of the instrument will not only be vastly enhanced, but our hands will no longer be required to act as antagonistic forces in using it. Mechanical power being lodged in one extremity of the apparatus, and the opposing resistance being placed at the other, the intermediate parts will be altogether passive; a few turns of the nut will be sufficient to cause the certain liberation of any morbid substance of no higher organization than that of polypous growths. The facility with which a loop of wire can be carried to the neck of the tumor is, of itself, a sufficient recommendation for its preference over all other methods for removing uterine tumors, I am acquainted with.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, SEPTEMBER 13, 1854.

Sanitary Progress.—Although there is a vast amount of scientific blundering, to say nothing of genuine humbuggery, in regard to what should or should not be done to secure the greatest amount of public health, there is real progress making in sanitary measures throughout the United States. A correct, common-sense feeling is on the ascendant respecting the importance of prohibiting burials in cities and large towns, and removing offensive manufacturing establishments; but something more is demanded, which people are slow to discover, before as much is achieved for humanity as the subject demands. Some cities have a very imperfect sewerage; others are begirt with slaughter houses, soap-boiling establishments, and abominable nuisances of some other description. Any effort, however, to remove these sources of injury to the public health, is denounced as persecution, interference with individual rights, &c., and thus the grave receives victims who are wronged out of life through the negligence, lack of moral courage, or culpable ignorance of the civil authorities. A report has come to hand from the chairman of the sanitary committee of the board of health of Philadelphia, that takes the right ground. It declares boldly and fearlessly that certain kinds of business carried on in the midst of a city, are injurious to health, and they should be no longer tolerated. One of the fruitful sources of atmospheric taint which are denounced by the committee, are cows and cow-stables. Boston is not burdened with them, like New York and Philadelphia, nor is there any fear of them, since land is too precious to be set apart for that purpose. Other, and very objectionable abominations, however, in the form of manufacturing shops, are not unfrequent, but by time, energy and perseverance, they will unquestionably give way to the reasonable expectations of the citizens. Intramural burials are in a fair way of being wholly and forever interdicted in Boston proper. Philadelphia may have succeeded in doing, what all great and growing cities should decree—viz., that interments shall not be allowed in the immediate vicinage of the living; but on that point we are not fully informed. Of the tone and general character of the report to which we have alluded, which appears to have emanated from the pen of E. Ward, M.D., chairman of the board of health, we have no hesitation in saying they are creditable to him as a professional man, and the report is worthy of the first consideration of those on whom it devolves to enact municipal laws.

New Orleans Academy of Sciences.—Without knowing to whom we are indebted for a copy of the transactions of that learned association, the fact is evident, on an inspection of it, that the institution is vigorous, embracing strong men in its ranks. Some of the papers, such as that on Indian pottery, another on Roman coinage, an analysis of natural mineral waters, together with a report of the ordinary weekly business, constitute a delightful and instructive mass of reading, which is refreshing to a scientific mind. Dr. Edward H. Barton is president of the Academy. In the catalogue of honorary members, we are sorry to see there is not a Boston, or even New England name.

Skinner's Fracture Apparatus.—An advertisement which appears in the Journal to-day, conveys a correct idea of an instrument now to be brought before the surgical public. Years ago, a familiarity with the many curious mechanical contrivances for the management of fractures, led us to the hasty supposition that the world of ingenuity had been exhausted, at least in one direction—that of holding fractured bones in place. New minds, however, discover new principles; and when many, perhaps, like ourselves, were impressed with the perfection which had been achieved in counter-extension apparatus, Dr. Skinner comes forward with something so novel, excellent and economical, that the wonder now is, why somebody did not hit upon the construction before. Surgeons of experience are decided in their views of the importance of the invention. Preparations are making for manufacturing it extensively, and therefore individuals as well as institutions will speedily have the benefit of Dr. Skinner's skill. A communication on the subject will appear in next week's Journal.

Vegetarians in Convention.—The members of the national society known as the "*vegetarians*" assembled in convention at Philadelphia last week, it being their fifth annual meeting. In consequence of the absence of Dr. Alcott, the president, Dr. Mussey was called upon to preside, which he did in a most acceptable manner. A preamble and resolutions were reported by the business committee, which set forth that there exists among us a vast amount of sickness, the result of the consumption of the flesh of animals, intoxicating liquors and tobacco; and vending, by authorized and unauthorized physicians, of drugs, patent medicines and other deleterious articles as remedies. They therefore declare that it is the duty of every individual to inquire for himself into the nature of his constitution, and as to such habits with regard to food as are required by the laws of nature and health; and that parents, especially, should understand what food is best adapted to a sound and vigorous constitution. After the business of the convention was completed, a banquet was furnished, consisting of the following courses and dishes:—

"First course.—Vegetable soup, savory omelet, fried egg plant, baked potatoes and washed do., baked sweet do., Lima beans, green corn, tomatoes, parsley sauce, pickled lemons, pickled beets, pickled martinis, Graham bread, white bread, and iced water.

"Second course.—Peach pies, cocoanut custard, cheese cake, moulded prepared corn, moulded farina, moulded rice, water melons, cantelopes, peaches, apples, cream, fruits.

"On the platform was seated Prof. Wright, of Camden, N. J., aged 55 years, and a vegetarian for 35 years; Mr. Charlton, aged 83 years, vegetarian for 40 years; Dr. Mussey, 74 years, vegetarian for 21 years; and Rev. Mr. Metcalf, 65 years, and a vegetarian for 45 years."

Homœopathy—High Dilutions—"Provings of *Hydrophobin*."—In the August number of the Philadelphia Journal of Homœopathy, may be found an editorial article recommending a Dr. Lentz and his high dilutions. "Dr. Lentz," say the editors, "is frank in making known the mode of carrying up his dilutions. They are prepared centesimally, that is, on the Hahnemannian plan. *Every dilution is prepared separately*, and receives a HUNDRED DISTINCT SHAKES, so that if a medicine is labelled 500 or 5000, we feel confident it is *correct*—that is, the medicine has been diluted 500 or

5000 times." In the same Journal we find a very labored article on the "provings of hydrophobin," by John Redman Coxe, Jr., M.D.; and on account of the multiplicity of the symptoms this new and most remarkable therapeutical agent produced in him and the little Coxes, we are disposed to give a synopsis of them. It took just sixty pellets of the third dilution of this hydrophobin, for four successive days, to produce the following symptoms in Dr. Coxe, who is 54 years of age, and of a nervo-sanguineous temperament.

"*Mind*.—Feeling as if something annoying was about to happen; goes off when thinking about it. Morose and crabbed feelings until the fourth day. Felt very cross, and did not want to converse, or see any one. Very cross; so much so that my children expressed great surprise; scolded my wife and children; felt wretched. Offended at everything, disposed to get mad. Thought came into my mind to attack others in a mean way—biting, snapping, with convulsions; irritable, with headache. Caught myself saying to nephew, in a severe tone, "if you do that again," when he was not really in fault. Impatient all day, with the headache. Undecided with little things. Pain in the heart. Felt unusually serious, bitterly crying, with headache. Had a good cry before going to bed; felt very sad; sighing, with oppression in breathing. Sang more than usual; did not feel at all merry, singing involuntary. Exhilarated, felt as if had received joyful intelligence all day. Happy disposition after perspiring in the evening. Excited, cannot sleep. Exaltation; thinks he was something of importance, admires his own skill in talking Latin fluently in a dream. Subordination, like a servant in a dream. Dulness and stupidity at night. *Dizziness*.—Slight dizziness and nausea. Feels as if a leaden ball was rolling about in the brain. He loses consciousness for a moment. Dulness in occiput and forehead. Severe heavy pains in forehead, lasting five hours. Sharp pricking pain in left temple, attended with throbbing and pinching."

And thus this martyr to medical science continues to describe symptoms in all their minutiae, as they affected the various organs and tissues, occupying nearly thirteen pages of the Journal in the description. The fact is, he has made out a case of hydrophobia; and it is presumed that the homœopathic remedy for the poisonous effects of bites from rabid animals, will henceforth be, to have the suffering patient again bitten by the same or some other rabid animal. If any of our readers have any doubts as to the efficacy of homœopathic remedies, or the *science* which is displayed by the practitioners of that absurd doctrine, we commend to them a careful perusal of the two articles in the Journal alluded to.

A New Mode of Administering Cod-Liver Oil.—The "Annales Cliniques de Montpellier" recommends the following method of preparing cod-liver oil, which, it is said, will deprive it, in a great degree, of its nauseous taste. "Take the yolk of one egg; sugar, two ounces; orange-flower water, one ounce; cod-liver oil, three ounces; essence of bitter almonds, one drop. Either the sixth or eighth part will be a dose, according to the quantity of oil which is intended for the patient."

Medical Survey of the Seat of War.—We learn from the London Medical Times and Gazette, that on the first intelligence of war, Dr. Smith, the Director General of the army and ordnance Medical Departments, had Drs. Bumbreck, Linton, and Mitchell despatched to Turkey, in order to obtain

information relative to its climate and the diseases of the country. Dr. Bumbreck's instructions were, to take the course of the Danube, and examine Servia, Bulgaria, &c.; the other two the district south of the Balkan. Dr. Linton was especially directed to travel from Adrianople towards the interior, taking the route which armies advancing towards the Balkan would be most likely to take, and visiting the localities which would most probably constitute halting-places or sites of encampment for such armies; to return to Constantinople by some other route, and to make every effort to ascertain the diseases which occur in those places and their neighborhood, and to note particularly any localities in his route which may be considered peculiar for their unhealthiness or the contrary, and to report thereupon. The three officers, notwithstanding the difficulties they had to encounter from ignorance of the language of the people, performed their task in the very short time allotted to them in a most creditable manner, and have returned three very interesting and important reports.

American Dental Surgeons in Paris.—It has been said, by those who are competent to judge in such matters, that no country has produced dental surgeons equal to those of America; and it is with feelings of pride that we can say Boston stands foremost in furnishing them. American dental surgeons, we are informed, are extensively patronized in Paris, their work being considered, by the Parisians, superior to that of their own countrymen. Dr. Brewster's success in the city of Paris, and the renown which he has acquired in consequence of his skill and superior workmanship, have been the means of inducing others of his countrymen, of perhaps equal skill and accomplishments, to take up their abode in that city. Within the past month, two of our most able and accomplished dental surgeons have left this city for Paris. One of them, we understand, will permanently locate himself there, to practise his profession. We allude to Drs. Joshua Tucker and Edward Gage. Dr. Tucker's reputation is too well established, and he himself is too well known, to require anything to be said by us in his behalf. Dr. Gage is a younger man in the profession; and as he possesses rare genius and talents for the calling to which he is devoted, we feel disposed to say a word respecting him. Dr. G. is a graduate of Harvard University, and during his collegiate course was the pupil of Dr. Tucker, who soon discovered that his pupil was an apt scholar, and possessed of great genius. Under Dr. Tucker's instructions he has, it is said, become one of the best of operators in dental surgery. He has spent some time during the past year in Paris, and Dr. Tucker now accompanies him on his return there, for the purpose of assisting him to locate himself. While we regret the loss of such men from our city, it affords us much happiness to know that they are placing themselves in a position to acquire fame, honor and wealth. We are sorry to say it, but it is a fact that men of science are not always fully appreciated in this country. Such men are generally modest in their pretensions, and may even want for the comforts of life, while others less deserving, but who impose themselves upon the public as those who know everything, are overrun with patronage. Dr. Gage has our best wishes for his success and happiness, and we sincerely hope he may find plenty of friends in the city and country of his adoption.

Volume VII. of the Transactions of the American Medical Association.—The forthcoming volume of the Association's Transactions, which will be ready in October, will be equal to any that have been published, in value

and interest. It will contain a very elaborate report on the Diseases of the South-West, by Dr. Fenner, of New Orleans; a Surgical Prize Essay, by Dr. Brainerd; a report by Dr. Mendenhall on the Fevers of the West, and other papers of interest. Gentlemen can obtain copies, at the price of three dollars, by applying to Dr. J. B. Alley, 35 Boylston street, or Dr. Francis Minot, 140 Charles street, Boston.

Death of Dr. R. M. Patterson.—This distinguished physician died in Philadelphia on Thursday last. He was president of the American Philosophical Society at the time of his death, and he has held professorships in the Universities of Pennsylvania and Virginia, and has also been a director of the United States Mint.

Medical Miscellany.—Two doctors in Mississippi have been arrested, and bound over to keep the peace, in consequence of exchanging *leaden pills* through *muskets*.—M. Claude Bernard has been elected a member of the Institute of France.—It seems by the last number of Dr. Ramsay's "Blister and Critic," that the project of establishing a medical school at Atlanta, Ga., has been abandoned.—Prof. Moore, of Rochester, N. Y., has been appointed to the Chair of Surgery in Starling Medical College, Columbus, Ohio.—A marble bust of the late surgeon, Mr. Liston, is to be placed as a monument, in the Royal Infirmary of Edinburgh.—The corner-stone of a female medical college, to cost \$125,000, has been laid at Richmond, Va.—The oldest preacher in this country, is presumed to be the Rev. John Sawyer, of Garland, Me., now 99 years of age.—Dr. Moses Hill, of Manchester, N. H., has recently lost much property by fire.—A physician in Stafford Co., N. H., has done very naughtily—gone off with a lady and left his wife at home.—Notwithstanding the positive newspaper denial of the existence of yellow fever at Charleston, S. C., the statistics of death there give a different version to the story. At Savannah, the same disease is swelling the number of its victims.

PAMPHLETS RECEIVED—The third annual announcement of the Metropolitan College, New York, Spring Session for 1855.—Annual Report of the Massachusetts School for Idiots and Feeble-minded Persons.—Annual announcement of the Philadelphia Medical College.

TO CORRESPONDENTS.—Communications have been received from Dr. S. A. Cartwright, New Orleans; Dr. Edward J. Cox, New Orleans; Dr. George A. Hinman, Derby, Vt.; and Dr. Jona. Brown, Tewksbury, Mass.

DIED.—In this city, 5th inst., Dr. James B. Gregerson, aged 46 years.—In Coleraine, July 25, Dr. Christopher Deane, aged 71, member of the Massachusetts Medical Society since 1826. His disease was paralysis. Throughout a long and successful practice he acquired the respect and confidence of the profession and community in which he was known.—In New York, 26th ult., after a lingering illness, Dr. Samuel W. Moore, aged 68 years.—In Petersburg, Va., 16th ult., of hemorrhage of the lungs, Dr. Samuel A. Hinton, in the 32d year of his age.—In Louisville, Ky., July 15th, of disease of the heart, Dr. James Webster, formerly Professor of Anatomy in the medical department of Geneva College, and also at Buffalo.

Deaths in Boston for the week ending Saturday noon, Sept. 9th, 111. Males, 57—females, 54. Accident, 1—inflammation of the bowels, 1—congestion of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 2—congestion of the brain, 1—convulsions, 2—consumption, 14—cholera, 13—cholera infantum, 7—croup, 2—dysentery, 5—diarrhoea, 4—dropsy, 2—dropsy in the head, 10—drowned, 2—infantile diseases, 10—typhoid fever, 1—disease of the heart, 3—insanity, 1—intemperance, 3—inflammation of the lungs, 1—disease of the liver, 2—marasmus, 1—mortification, 1—neuralgia, 1—old age, 1—pleurisy, 2—sun stroke, 3—smallpox, 3—syphilis, 1—teething, 5—thrush, 1—unknown, 1—worms, 2.

Under 5 years, 52—between 5 and 20 years, 11—between 20 and 40 years, 32—between 40 and 60 years, 14—above 60 years, 2. Born in the United States, 73—Ireland, 32—Scotland, 1—France, 1—British Provinces, 3—Germany, 1.

M. Flourens's New Work.—M. Flourens has just written a new work, entitled "History of the Discovery of the Circulation of the Blood." In presenting the book to the Academy of Sciences, of which the eminent author is perpetual secretary, he thus sketched its principal features:—"I pass successively in review in this book the discovery of the circulation of the blood, of the lacteals, of the receptum chyli, of the lymphatic vessels, &c. I follow the chain of facts from Eristratus and Galen to Servetus, and from Servetus and Csalpinus to Harvey; then from Harvey to Pecquet and Thomas Bartholin. One point in particular has fixed my attention—viz., I have endeavored to inquire into, and in some degree to arrange, the ideas of Galen respecting the circulation in the adult and fœtus, the formation of the blood, of the spirits, of innate heat, &c. I examine, in one chapter, the claims of Scarpa to the discovery of the circulation of the blood; and, in the other, Servetus's opinions on physiology—for the latter author, though of a peculiar turn of mind, may be looked upon as a man of genius. The book concludes with two chapters on Gui Patin, the most witty and obstinate opponent of modern ideas." From this simple account of contents it may easily be imagined of what great value the book must be, and how delightful its perusal will prove to men of science generally, backed as it is by the name of the distinguished author.—*London Lancet*

NEW YORK MEDICAL COLLEGE.—The next Annual Course of Lectures in the New York Medical College, will commence on Wednesday, the 13th of October, 1854, and continue until the 1st of March, 1855.

HORACE GREEN, M.D., President of the Faculty, and Prof. of the Theory and Practice of Medicine, No. 12 Clinton Place.

EDWIN HAMILTON DAVIS, M.D., Prof. of Materia Medica and Therapeutics, No. 137 Avenue 4.

B. FORDYCE BARKER, M.D., Prof. of Midwifery, and Diseases of Women and Children, No. 22 West Eleventh street.

R. OGDEN DOREMUS, M.D., Prof. of Chemistry, No. 22 West Eleventh street.

J. M. CARNOGHAN, M.D., Prof. of the Principles and Operations of Surgery, No. 2 Waverley Place.

EDMUND R. PEASLEE, M.D., Prof. of General, Descriptive and Microscopical Anatomy.

EDWARD H. PARKER, M.D., Prof. of Physiology and Pathology, No. 84 Irving Place.

JOEL PARKER, LL.D., Prof. of Medical Jurisprudence.

D. S. CONANT, M.D., Demonstrator of Anatomy, No. 176 Avenue 3.

A preliminary Course of Lectures will commence on Monday, the 13th of October, which will be independent of the regular Course, and will be free to all Medical Students.

The dissecting-rooms will be opened for Classes on the 1st of October.

This College has just received from Europe a most valuable and extensive Museum, fully representing external and internal Pathology, together with a whole series of Microscopic Models.

The advantages which New York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical, a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course, \$105. For the final examination, \$30.

Students coming to the city should call immediately at the college edifice, where the Janitor will furnish them the requisite information.

R. OGDEN DOREMUS, Dean of the Faculty.
New York Medical College,
East Thirteenth st. } July 26—t01

DR HENRY W. WILLIAMS,
33 Essex Street, Boston, opposite Rowe Street.
Special attention given to Diseases of the Eye.
Nov. 5, 1851.—eptf

CLEVELAND MEDICAL COLLEGE.—The annual Course of Lectures in this Institution will commence on Wednesday, the Eighteenth day of October, and continue eighteen weeks. The Board of Instruction remains the same as during previous lecture terms, and comprises the following gentlemen:—

JOHN DELAMATER, M.D., Prof. of General Pathology, Midwifery and Diseases of Women and Children.

JARED P. KIRTLAND, M.D., Prof. of Physical Diagnosis and Theory and Practice of Medicine.

HORACE A. ACKLEY, M.D., Prof. of Surgery.

J. LANG CASSELS, M.D., Prof. of Materia Medica, Pharmacy and Botany.

SAMUEL ST. JOHN, M.D., Prof. of Chemistry and Medical Jurisprudence.

JACOB J. DELAMATER, M.D., Prof. of Anatomy and Physiology.

PROCTOR THAYER, M.D., Demonstrator of Anatomy.

The fee for the entire Course of Lectures is \$60; Matriculation, \$5; Graduation, \$20.

When desired, a promissory note, payable in twelve months, for \$70, and signed jointly with some person of responsibility (the responsibility of the joint signer to be certified by a Justice of the Peace, and a Judge of the court of the county in which he resides), will be accepted in place of the money at the time.

JOHN DELAMATER, Dean.
Cleveland, Ohio, Aug. 1, 1854. a030—41

SPINAL COMPLAINTS.—A new method of treating Spinal Diseases, Curvatures of the Spine and Spinal Weakness, without pain or suffering to the patient, or material restraint upon the action of the muscles, is now successfully practised by Dr. J. A. WOOD, at his office, No. 215 Washington street, Boston, or at his residence, Marlboro' Hotel.

Having examined the apparatus used by Dr. J. A. WOOD, in the treatment of lateral curvatures of the Spine, we recommend it as efficient and comfortable to the patient.

HENRY J. BIGELOW, M.D., Prof. of Surgery in Harvard University.

GEORGE HAYWARD, M.D., Ex Prof. of Surgery Harvard University.

WYSLLOW LEWIS, M.D.

J. V. C. SMITH, M.D., Mayor of Boston.

JOHN W. WARREN, M.D.

HENRY G. CLARK, M.D., City Physician.
Aug. 9—tf

DR. CHANNING has removed to No. 24 Bulfinch street, corner of Alston street.

Office hours from half past 7 till 9 A. M., and from 1 to 4 P. M. May 17—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, SEPTEMBER 20, 1854.

No. 8.

SOME FURTHER REMARKS ON THE SUGAR-HOUSE CURE FOR BRONCHIAL, DYSPEPTIC AND CONSUMPTIVE COMPLAINTS.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

NEARLY two years ago, on the 15th of September, 1852, an article, on the sugar-house cure for bronchial, dyspeptic and consumptive complaints, made its appearance in an old, well-established and highly respectable medical journal. It was published in the 7th number of the 47th volume of the Boston Medical and Surgical Journal. The original and only manuscript was forwarded to its well-known editor. It immediately attracted the attention of the daily press, but received little or no notice from the medical journals and the profession. Having forwarded it to an appropriate organ of the medical profession, the author is not responsible for its re-publication in the newspapers, or for the misprints and garbled notices taken of it. Nor is he responsible for their neglect, in some instances, of giving credit to the medical periodical in which it first appeared. It is probable that the silence of the medical journals and the extensive notice taken of it by the newspaper press, and their many misrepresentations of the article, may have induced the faculty to regard it as a humbug, and to class it with other remedies for bronchitis, dyspepsia and consumption, with which the advertising columns of the newspapers are filled.

The publication was not intended to teach patients how to cure themselves, but to call the attention of their physicians to a new and useful remedy in a certain class of rebellious complaints. The bi-chloride of mercury is a definite and sure cure for some affections, when properly used under the advice and directions of a skilful physician, who knows when and how to use it and to prepare the patient for it. It is a curative agent, which has been long before the public, with general directions in regard to its use; yet so far from patients being able to cure themselves with it, it is more than many physicians can do to use it discreetly. The same may be said of the sugar-house cure for another class of ailments; with this difference, that its virtues are less known than the virtues of mercury in the days of Paracelsus. The action of mercury in curing certain affections is more mysterious than that of the respiration

of the vapor arising from boiling cane-juice in curing bronchial, dyspeptic and consumptive complaints. The medical world, from time immemorial, have been looking for some remedial agent for pulmonary affections, which could be applied immediately to the diseased organs by means of inhalation. Centuries have passed away, and still experiments are being made and time wasted with substances more or less noxious and irrespirable, to be admitted into the aerial passages by inhalation. Fortunately for the most of them, which have been tried, they could not be made to reach the lungs in the shape of vapor. Plants of a medicinal and poisonous kind, which readily impart their properties to water or alcohol, generally give off nothing to aqueous vapor. True, some substances have been found to quiet the cough and to allay irritation when inhaled in the form of vapor; but they generally do it at the expense of the vital properties—a price too high for the temporary relief they afford. The price, paid in money, for the balsam of wild cherry and other nostrums, to allay cough and bronchial irritation, is insignificant when compared to the heavy drafts made by such substances on the vital energies in compensation for the transient relief they give. Does not prussic acid and its preparations, taken into the stomach, purchase relief, in pulmonary affections, at the high price of more or less flesh, a pound in some instances, cut from “nearest the heart.” There can be no question that a full dose robs the human frame of a greater portion of its vitality than the abstraction of a pound of blood. Many ingenious contrivances have of late been invented to introduce iodine, nitrate of silver and other irrespirable substances into the pulmonary organs. Whatever local benefit may be expected from their use, when directly applied to the lining membrane of the air-passages undergoing scrofulous softening, cannot fail to be more than counteracted by their tendency, like all other irrespirable substances, to impair the general health, which must be restored before the softening of tubercles and the mucous coating of the bronchial tubes can be permanently arrested. The air of close, hot rooms, like that charged with certain noxious vapors, will allay cough and irritation, but at the expense of the vital powers. Patients, subjected to such treatment, die much sooner than if they breathed a fresh pure air, uncontaminated with any foreign substance whatever. It is well known and admitted by the profession, “that everything which influences unfavorably the digestive process, tends to hasten the mal-assimilation by which tubercular conditions affect the blood.” But it is not so well known, that everything which influences unfavorably the respiratory process, hastens that mal-assimilation in a much greater degree; because the influence that respiration has on nutrition is not so well known as that of digestion.

Since the article on the sugar-house cure was published, several valuable papers have appeared in the same Journal on the effects of respiration on nutrition. The author could not have read the sugar-house cure for bronchial, dyspeptic and consumptive complaints, or he would have availed himself of the ample materials that paper affords for fortifying all his weak points. Nor could Dr. Haskell, of Rockport, in the essays he has lately published in the same Journal, “on the

vital properties of the nerves"; as he would have found therein some very important matter to sustain his views of the nervous system, which are certainly far in advance of the received doctrines of the day. He is treading closely in the footsteps of Dr. Bennet Dowler, who has overturned, by direct and positive experiments, the foundation of the prevalent physiological notions of the nervous system. The powerful influence of the brain and nerves in causing phthisis has been clearly proved by Dr. Baly's statistics, which show that the disease is remarkably prevalent in every climate and place where the population are subjected to the influences of depressing emotions. Prisoners, both in Europe and America, are more liable to it. Sydenham, Rush and Sir James Clarke won the most of their reputation in the treatment of consumption, by the means they used to dispel depressing emotions and to fill the mind of their patients with pleasure, hope and cheerfulness. While they scorned the expedients of quacks, to raise hopes which could never be realized, by making fallacious promises without adopting any rational measures to make the performance come up to the promise, they took good care to put into action the most effectual measures, known to the age in which they lived, to improve the quality of the blood and to restore, as far as practicable, the general health. Varied exercise in the open air—well-ventilated rooms—frequent changes of air—riding on horse-back—a nutritious diet—giving the patients a choice of those things found by experience to agree best—frictions—ablutions—remedies to correct vitiated secretions—the removal of local inflammations, and occasional tonics to brace the system, were only so many means to improve the general health by improving the quality of the blood. The best definition ever given of pulmonary consumption, was given by Dr. Benjamin Rush, when he called it an "*all-overness*." He viewed it as a disease of the whole system, and not of any particular part. It is an *all-overness*, because it is a disease of blood origin, and of flesh origin. The flesh begins to waste and perish before tubercles form in robust constitutions free from them, and before they begin to soften in congenital tubercle.

Every sugar estate in Louisiana (Leonard Wray says every sugar estate of the world) proves the fattening qualities of the respiration of the sugar-house vapor in the rolling season. Yet the author of the able papers published in the Boston Medical and Surgical Journal, on the influence of respiration on nutrition, did not avail himself of this important fact. The influence of respiration on nutrition is not less important than the influence of nutrition (the influence of healthy blood and firm muscle) on the brain and nerves, in giving energy and tone to that system; thus counteracting the depressing influence of mental emotion in producing consumption. What good does it do to know that unavoidable misfortunes, filling the mind with sadness and grief, will cause consumption by diminishing the energy of the brain and nerves, unless the means to counteract such baneful influences on the blood and muscular system through the nerves be also known?

But apart from its connection with the cure of phthisis, the simple fact, that the respiration of the vapor arising from boiling cane-juice *will fat-*

ten, is highly important in a physiological point of view. Cod-liver oil, under certain circumstances, will fatten; but its fattening properties are far inferior and less certain than the respiration of the sugar-house vapor. Thus, Mr. M., a very lean, consumptive patient from Wetumka, Ala., fattened fifteen pounds in less than three weeks, in Col. Mansel White's sugar-house, below New Orleans, during the rolling season of 1852. This patient having been accurately weighed before going in and after coming out of the sugar-house, I took in person to the Louisiana University to exhibit to the professors. Only two were found in at the time, Profs. Riddle and Stone. I told them that I did not ask them to believe in the theory, but I *would make them believe in the steelyards*. Yet some one present suggested, that as Mr. M. was known to have a large appetite when he went to the sugar-house, it was probable that Col. Mansel White's good dinners, for he was a planter living like a prince, had some hand in assisting the vapor to fatten him. Mr. M. however declared, that although he had a ravenous appetite before he went into the sugar-house, he immediately lost it on breathing the vapor from the boiling cane-juice; and so far from eating hearty dinners, he seldom ate any dinner at all, but lived mostly on cane-juice.

The respiration of the vapor from the boiling cane-juice has increased the flesh and strength of nearly all who have tried it, as far as any authentic reports have been received—whose lungs were not like egg shells, containing large cavities. The misrepresentations of the newspapers, without anything in the medical journals to contradict them, stating that the author had asserted, “that a few hours' residence in a sugar-house was a sure cure for consumption,” caused a great number of persons, in the very last stage of the disease, to flock to the sugar-houses. An intelligent planter, Mr. J. Hogan, of Iberville, complained of the author for converting his sugar-house, and those of his neighborhood, into so many dispensaries. Many patients, unable to walk, having cavernous breathing, voice and cough, indicating cavities in the lungs—general dissemination of tubercular granules throughout those organs, as manifested by the extensive predominance of bronchial breathing and cough, with diarrhœa from the general constitutional scrofulous inflammation; softening of the mucous membranes lining the larynx and mouth—with short breath, and in the last stage of hectic fever, sought the sugar-houses—sometimes dying before they got to them or in a few days afterwards. All those in whom there was any doubt, who presented themselves to the author, were referred to auscultators of the highest reputation in the city—especially to Dr. Rouanet, late of Paris, who is quoted in the text-books on auscultation; and some to Dr. Wedderstrandt, who long had charge of the Charity Hospital of New Orleans and has paid especial attention to the physical signs in pulmonary affections. In some cases, where broncophony and pectoriloquy were among the physical signs, the patients, contrary to the expectations of the author, gained flesh and evidently improved. One patient gained four pounds in ten days, when Dr. Rouanet's auscultation, before going into the sugar-house, revealed the following physical signs, which are given in his own language :—“ *Au sommet du poulmon droit en arrière, on en-*

tend quelques craquemens secs et quelques bulbs qui se suivent en cha-pelet dans l'inspiration—par de bruit caverneux in cavernileux. Il y a broncophonie en cet endroit ; par de pectoriloque. Partout ailleurs le respiration est normale et exagérée comme chez les personnes maigres.” The next year this patient was again auscultated, and Dr. Rouanet reported “*some amelioration.*” The sugar-house was not again tried, but a northern climate, in which the patient finally succumbed to the disease.

It was thought that the heading of the article on the sugar-house cure, where the words “*consumptive complaints*” were used instead of the word “*consumption,*” would be sufficient to guard the reader against supposing that it was recommended as a cure for phthisis pulmonalis in its last stages, wherein the lungs have been greatly consumed by the softening of large tubercular masses formed in their substance. When the lungs are too much wasted away to enable the remaining portion to subserve the function of respiration, even if the cavities were emptied of their purulent contents and their parietes contracted, it would be idle to expect to find any remedy of sufficient virtue to cure the patient. Such far-advanced cases are fatal from necessity, and will continue to be fatal—nothing short of a power to make new lungs can prevent them from being fatal. Yet want of success in one such hopeless case often causes a dozen or more patients, to whom the respiration of the sugar-house vapor offers the best chances of a speedy cure, to forego the use of that most effectual remedy entirely.

When pellets of mucus obstruct the small air vessels ; when the membrane lining them is thickened ; when the natural soft murmur of respiration is louder and harsher from the swollen state of the membrane lining the bronchi and from its dryness ; when the air-cells are rendered less yielding by tenacious depositions within them, causing a sibilant rhonchus, in which two or three efforts at inspiration are necessary to inflate the pulmonary organs, no matter what the disease be called, whether bronchitis, consumption, capillary congestion or inflammation, such a state of things cannot continue long without being attended with that mal-assimilation so prolific in producing tubercular degeneration, softening of the tubercular matter thus formed, wasting of the lungs, and death. When tubercles have begun to soften, humid crepitation and a clicking sound are heard, both during inspiration and expiration ; before they have softened, the sound is not humid but dry, and it is only heard during inspiration. Neither kind disappears from coughing, because depending on causes exterior to the air-cells and tubes, and not from mucus in the bronchi. The latter may give the loudest sounds, but they are seldom as formidable as less loud sounds unaltered by coughing or the fine crackling, like salt on the fire, indicative of inflammation.

In the healthy state it takes four times as long to draw in the breath as to expel it from the lungs. The insidious approaches of phthisis pulmonalis are marked by a prolongation of the expiratory murmur. It is generally advanced to the deposition of tubercular matter, when the expiratory effort to free the lungs of air is equal or nearly so to the inspiratory—and before that occurs, the benefit to be gained by inhaling the vapor of boiling cane-juice, is more certain than it is after pneumonic or

tubercular matter is deposited. The second stage of the disease is then begun, the first stage having ended when the tubercular matter *begins* to be deposited, and the third when it begins to melt or soften. After the third or softening stage has made much progress, the author, so far from enticing patients to a sugar-house, with an expectation of being cured, would do all he could to keep them away. Patients, with only a piece of a lung, live longer in a cold, dry, dense atmosphere, than they do in a warm, moist and rarefied one.

The author's sense of hearing, of late years, having become very defective, has led him to other means than auscultation in forming a diagnosis in consumptive complaints. Much can be told by feeling the muscles, technically called "*handling*" by the dealers in horses and cattle. Such perfection have they acquired in this art of *handling*, that they can go into a stable in the night, and not only pick out horses or beeves of good, bad or indifferent condition, but can tell whether they are of good blood or not. Very little practice in this art, when applied to the human subject, will enable a physician to detect the various stages of consumption. The first or anæmic stage is detected by the want of elasticity and firmness in the muscles, common to all debilitated conditions of the system. But the anæmia which characterizes the first stage of consumption is distinguished by its affecting the muscles of the arms and chest, more than those of the pelvis and lower extremities. The reverse occurs in enteric affections, as strongly marked in the cholera infantum of children, in whom the glutei muscles and those of the lower limbs begin to soften and emaciate sooner than those of the upper half of the body. When exercise on foot, or in the erect posture, greatly accelerates the respiration and the pulse, it is a very sure indication that the tubercular deposits have not taken place, and the patient can be rescued with certainty from the impending evil by breathing the vapor from boiling cane-juice and drinking the syrup—with as much exercise as he can bear without too much fatigue. The second stage, or that of the deposition of tubercular matter, can be told by the patient beginning to bear fatigue and to recover his strength as soon as the tubercles begin to form. The pulse instead of being accelerated, and the respiration becoming short and hurried, as in anæmic patients under exercise prior to the tubercular deposition beginning to take place, *actually become less affected by muscular exertion than the pulse and breathing of a healthy person.* This seems to be a kind provision of nature to entice the patient to muscular exertion—one of the best remedies, in this stage of the disease, to arrest the formation of tubercular matter. But the expansion of the lungs, produced by exercise, is often insufficient of itself to effect a perfect hæmatisis, owing to the thickening and obstruction from tenacious mucosities in the lining membranes of the cells and bronchi. In such cases, the respiration of the warm, moist, fragrant, saccharine vapor, arising from boiling cane-juice, is particularly efficacious in aiding exercise to bring about a perfect hæmatisis. The blood being properly aerated, the formation of tubercles is immediately arrested.

It is believed that the vapor arising from boiling cane-juice has a specific effect on the mucous lining of the larynx and bronchial tubes. The

deteriorated blood and the defective nutrition have a similar influence on the membranous lining of the ærial passages that is observed in typhoid affections of the mucous membrane of the alimentary canal. We need go no further than to the *Boston Medical and Surgical Journal* of the 1st March last, for evidence of the wonderful effects of brewer's yeast in the typhoid form of puerperal fever, as observed by Dr. Gideon B. Smith, of Baltimore. "While every other liquid highly charged with carbonic acid gas causes large eructations, the yeast never has such effect." (Page 95, Vol. L., No. 5, *Boston Med. and Surg. Jour.*) In that variety of consumption, called by Dr. Theophilus Thompson, physician to the London Hospital for Consumption, *phthical dyspepsia*, we are assured that he found more benefit from yeast than all the alteratives and tonics previously prescribed.* "This substance," says Dr. Thompson, "originally introduced into medical use by a clergyman named Cartwright, has been considered beneficial in typhus. It often gives relief as a gargle to the sore throat of scarlatina, and its remarkable power of separating sugar from its combinations, and altering its character, might lead us to anticipate its possessing properties competent to influence favorably the digestive process and to check the mal-assimilation by which tubercular conditions affect the blood." This is very late in the day for British orthodox writers to begin to give credit to a remedy whose virtues were announced to the world during the preceding century. Perhaps, in another century, they may begin to acknowledge the virtues of another kind of yeast in the æriform state, called *dunder*, arising from boiling cane-juice, the inhalation of which was recommended two years ago by a physician, named Cartwright, as a curative agent in bronchial, dyspeptic and consumptive complaints. "Dunder," says Leonard Wray (author of the *Practical Sugar Planter*, and to whom Lord Elgin, present Governor of Canada, while Governor of Jamaica, granted a premium for a work on sugar and rum manufacture, and who subsequently removed to the East Indies and wrote another work on the sugar cane, and received a vote of thanks from the Agri-horticultural Society of India, and a reward of 300 Company's Rupees), "Dunder," says Mr. Wray, "is a light, clear, slightly bitter, aromatic liquid, always best when fresh and free from acid. In a mixture of molasses it has the same effect as hops in wort." "It modifies the changes or transformations taking place during fermentation. It increases the density of the liquor, preventing violent fermentation, and keeps the liquor comparatively cool in temperature and slow in motion."

Every thousand gallons of boiling cane-juice yield about seventy gallons of skimmings. The skimmings have been carefully analyzed by Arequin, the great chemist of New Orleans, and found to consist of a peculiar natural alcohol, called *cerosie*, besides green matted albumen, woody fibre, bi-phosphate of lime, silica and water. Fermentation occurs in the skimmings—the solid parts sinking, leaving a clear liquor. This is used in setting up wash or wort. Dunder is the fermented wash

* See Thompson's *Lectures on Pulmonary Consumption*, pages 55—176. Philadelphia edition, 1854. Rep.

after it has undergone distillation, and has been deprived of its alcohol. It is a *ferment*, and answers the same purpose to sugar planters, that yeast does to brewers. It is a substance peculiar to the sugar-cane.

The vapor from the boiling cane-juice arises from the identical substances, which enter into the composition of the peculiar ferment called *dunder*. The ferment, called yeast, when applied directly to the throat and alimentary canal, in certain morbid conditions of the mucous membrane softened by typhus fever, and incompetent to supply the proper secretions for healthy digestion, is known to have a good effect. There is no reason, therefore, why that other ferment, called *dunder*, when applied in the form of vapor directly to the bronchial tubes and air-cells, should not have the same good effect on the softened mucous lining of the tubes and cells, enabling it to supply the proper secretions for accomplishing healthy respiration—the absence of which, causes the dry crepitation heard by the auscultator.

Analogical reasoning is not sufficient authority in medicine. The author does not rely upon it, but uses it as a legitimate weapon to make skepticism open the door to receive some facts of the wonderful virtues of the respiration of the vapor arising from boiling cane-juice in bronchial, dyspeptic and consumptive complaints, to be adduced in a succeeding number.

DR. SKINNER'S IMPROVEMENT IN SURGICAL SPLINTS.

BY GEORGE A. HINMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Believing that all real improvements, either in medicine or surgery, will be gratefully received by the profession (and that improvements are needed, none will deny), I write this to introduce to their notice, through your pages, what I think is a real improvement in apparatus for the treatment of fractures of the lower extremities; that is, in comparison with any which has heretofore come to my knowledge. The improvement consists, mainly, in the combination of a metallic rod with splints, or rests, made of wood, and carved so as to fit the limb, or else prepared of some flexible material that may be shaped to it, and yet sufficiently unyielding to maintain its position and keep the fractured ends of bone in apposition, like gutta percha, or a combination of gutta percha and wood; the rod at the same time keeping up the requisite amount of extension and counter-extension, and all being contrived so as to make the least possible strain upon the limb, and give other parts of the body the greatest possible chance for motion, consistently with the proper confinement of the fractured extremity.

It will no doubt be readily admitted by all who have treated such fractures, especially in private practice, that a great part of the difficulty arises from the necessarily confined and fixed position of the patient, and consequent suffering of the general health; and from the chafing and irritation caused by the constant pressure upon the same parts, neces-

sary to keep up the proper extending and counter-extending forces. I think the apparatus I speak of, will, in a considerable degree, overcome these difficulties, by making the extension and counter-extension in a more direct line, and thus enable the surgeon to use a less amount of force, and consequently make less pressure upon any part of the limb, and also enable him to keep up the force with a freer motion of other parts of the body.

From what I have seen of treatment of fractures of the lower extremity, I have no doubt that the double inclined plane, in cases to which it is applicable, affords the patient a much easier position than any straight splint; and yet a change from the flexed or partly flexed to the straight position, or a change in the degree of flexion of the limb, either way, if it could be accomplished without danger of disarranging the fractured bones, would not only afford the patient untold relief, but would avoid that stiffness and immobility of the joints which so often remains after confinement in a fixed position long enough for fractured bones to unite. Such an opportunity is given by this improvement in fracture apparatus. It may be used as a straight splint or a double inclined plane, as occasion may require or as the surgeon may choose; or it may be changed from one to the other at any time in the treatment of the same case, without diminishing the extending force, or disarranging any of the dressings or appliances; or the degree of inclination may at any time be varied to suit the notion of the surgeon, or give relief to the patient.

Another difficulty in the treatment of these fractures, in cases where it is necessary to use a perineal strap, is, that the strap, by passing obliquely upwards and outwards, makes considerable pressure upon the bloodvessels and lymphatics of the groin, and thus obstructs the circulation in the limb, and retards the process of cure, or the union of the bones; and in cases of fracture of the neck of the femur, tends also to separate the fragments of broken bone. In the use of this improvement the direction of the perineal strap, when used, is almost directly upward, and the counter-extending force and pressure being in the same direction is not liable to the objections mentioned. Should the oblique direction, however, be desirable, from any cause, the strap may be applied so as to give it.

Another difficulty in the treatment of these fractures, with any splints with which I am acquainted, is, that the limb must be bandaged in with the same splint by which the extension is made, so that it cannot be exposed for any treatment that may be necessary, such as leeches, liniments, &c., or for examination and inspection at any time, without taking away the extending force; and by the tight bandaging necessary, the circulation is obstructed through the entire limb, and thus it is sometimes rendered very painful. In using this improvement the extension may, in almost all, if not in all, cases, be made and kept up without tight bandaging and without confining the limb to the extending rod. Counter-extension may be made by use of the perineal strap when required, or by use of adhesive straps alone when they are sufficient. As the extending force is made entirely outside the splints, or rests, the bandages may be removed for any treatment, such as leeches, liniments, or

other topical applications, or examination and measurement, and the extending force all the while kept up undiminished. If the bones should at any time be found disarranged, or the limb too short, the proper appliances may be made, or the extending force increased so as to give the limb sufficient length, without deranging or removing any part of the apparatus.

This apparatus may be applied before the surgeon attempts to bring the ends of the fractured bone into coaptation, and he may do this while an assistant is making the proper extension by means of the screw. It may be applied to a fracture of any part of the lower extremity, from the neck of the femur to the ankle. By means of carved splints of different sizes and lengths, or of flexible splints, it may be applied to any sized limb, from that of a child to an adult.

It consists, as before stated, of a combination of a metallic extending rod with carved or other splints. The connection between the rod and splints is by means of two blocks, sliding upon the rod, through which blocks pass two shorter rods at right angles with the long or extending rods, and these made fast to splints carved of wood, such as manufactured at Ashfield, Ms., or splints made of other material such as each surgeon prefers. All are confined or loosened, as occasion requires, by means of thumb screws. It is, however, not at all complicated, and so far as one can judge from an examination, little liable to get out of repair. No written description, however, that I am able to make, would give an exact notion of it, and I shall not, therefore, attempt one, but leave each one to examine for himself. It is no doubt imperfect in some respects, as are all kinds of apparatus for the treatment of such fractures. It probably may, and I hope it will be, yet improved upon; yet I think it is better adapted to the purpose for which it is designed, than anything else before the profession. It was patented in May last, by Dr. S. A. Skinner, of Brownington, Vt.

Though not very friendly to patents, either in medicine or surgery, yet I would not pass by a thing of this sort, if it had real merit, because of the exclusive right of one individual to make, use and vend it; and such I believe this to be. After all, I know of no reason why a person has not as good a right to the exclusive use or pay for the use of the production of his own brain, in the shape of surgical apparatus, as in that of a book or anything else.

I have thus hastily and imperfectly sketched *some* of the advantages which appear to me to belong to Dr. Skinner's "improvement in surgical splints." If upon further examination and trial it should prove as good as represented, and other members of the profession should be led by this communication to such examination and trial, for themselves, I shall be satisfied, and my object in writing this attained; for I have no object in doing it but the welfare and honor of the medical profession and the benefit of the suffering.

I will add, that this improvement has been tried in a few cases in this vicinity, and, I believe, with entirely satisfactory results.

Derby, Vt., Aug. 27th, 1854.

OBSERVATIONS ON EPILEPSY.

[Continued from page 133.]

Original Cause of Epilepsy.—My own theory of epilepsy is this. It may be caused by direct injury of the brain; but not one in an hundred cases is thus caused. The original foundation of the disease is in the blood—a want of nutrition; or, of nervous energy, which always results from degenerated blood. The exciting cause is much oftener *sympathetic* than any other; and this is conveyed to the brain and spinal cord, by the *afferent* nerves. The abnormal state of the blood accounts for the *nervous diathesis* (if I may so call it; and I think we may as properly do so, as we may speak of a *scrofular diathesis*, &c.). I mean by this term, simply, what we find in a nervous patient, a general relaxation of the system. I confess the term generally comprises we know not what; and when we speak of a *nervous* disease, we virtually acknowledge our own ignorance.

The *exciting* cause may be any thing which irritates, through the nerves, the parts upon which loss of consciousness and convulsions depend. Thus, I have had cases of epilepsy which depended upon *ascarides*. Certainly five children and two adults have come under my care, where the epileptic paroxysms were caused by worms, as was proved by the removal of the epilepsy when they were destroyed; in four of which, they were destroyed by simple enemata of aqua calcis, and in the other—where they existed higher in the alimentary canal—by the administration of oleum terebinth. and oleum cajeput, with worm seed. By a similar irritation of the mucous membrane of the canal, from any other cause, as indigestible food, chronic inflammation, or acrid poisons, &c., epilepsy may be caused, as I have often found. The fact that there are found upon dissections of the bodies of those who have been epileptic, marks of disease in the mucous membrane of the intestines, has led some of the French pathologists to “localize” the seat of epilepsy there, and with quite as much propriety, in my opinion, as in the “hemispheric lobes” of the brain.

The idea of epilepsy being thus produced by irritation, is recognized by many physicians; among whom may be cited Dr. Burbaum, who reports the following cases in the *Nues Repertorium*.—“A boy, 15 years old, of feeble constitution, who had formerly suffered from attacks of quotidian intermittent, was seized with epilepsy. All his functions were normal, only his pulse was remarkably slow, hardly 50 in a minute, small and contracted. All the cervical vertebræ were sensitive; pressure on them causing pain in the arm, as far as the elbow joint. H. T., 21 years old, pale, but of a strong constitution, had suffered from epilepsy since childhood. Twelve days after the last attack, all the cervical and the four upper dorsal vertebræ were found painful; pressure on them caused in the eyes and throat a sensation, which forced the patient to hawk frequently.” Here, it is evident the trouble or exciting cause was in the *spinal cord*.

I have had ten cases of epilepsy in young females, where it was excited by *suppressed menstruation*. In these cases it seems to be wholly

through a *sympathetic* influence exerted upon the nervous centres. It is believed that this is one of the most common ways in which epilepsy is induced.

Dr. Burbaum also relates the following case of this kind. "Mrs. H., 30 years of age, of healthy appearance, had been for two years attacked with epileptic convulsions. Her menstruation had not re-appeared during the six years of her marriage, in the course of which she had borne three children. The third cervical and the eighth and ninth dorsal vertebræ were painful on pressure. Two months after this examination, menstruation appeared again. For more than eight weeks from this date she remained free from epileptic attacks. As her menses were again suppressed, they returned. All the cervical and the nine upper dorsal vertebræ were then painful. At last, the convulsive attacks ceased of their own accord."

In our opinion Dr. Carpenter has developed the cause of epilepsy in the following remarks. "There appears much reason to believe, that, although the epileptic paroxysm may be immediately excited by some peripheral irritation, &c., it is really dependent on disordered nutrition of the nervous centres, depending, it may be, upon the presence of abnormal matters in the blood." This is the cause, in our opinion, of epilepsy—the want of strength, or of proper nutrition in the system, or poison in the blood. Hence, we regard it as a diseased or impoverished state of the blood.

Dr. Radcliffe, of London, has given the following opinion of the nature of epilepsy. He says, "the *temperament* of epileptics shows unequivocal marks of weakness and depression. Signs of scrofula, or some other cachectic disposition—of depressed and feeble circulation, of defective nervous activity, of muscular feebleness, may always be detected—but never the signs of true plethora, or of hyper-activity in the nervous or any other system. When epilepsy has shown itself in persons distinguished by their talent and genius, it has been in the state of exhaustion induced by the exercise of that talent and genius. When it has been associated with insanity, the convulsive disorder has coincided with the intervals of *depression*, and never with the periods of quasi *excitement*."

Dr. R.'s views of the cause, nature and treatment of epilepsy, harmonize nearer with my own than those of any other author that I have read. The writer can say, "I have found the temperament of epileptics distinguished by unequivocal marks of weakness and depression," and the other signs of a debilitated constitution, named by Dr. R.—such as scrofula, or other cachectic disposition, of depressed and feeble circulation, defective nervous activity, muscular feebleness, &c. I may also here add, that in proportion as *nervous depression* and *melancholy* have prevailed in these cases, the difficulty of accomplishing a cure has augmented; so that I now look upon those who present these features, accompanying the convulsions, as among the most hopeless cases; and am compelled, at the outset, to give an unfavorable prognosis in their cases. The muscular and nervous systems are depressed, both before and after the convulsions. The sad, moody, silent and still state of the patient *before*

the fit, indicates an inactive state of the brain. The corpora quadrigemina, pons varolii, medulla oblongata and ganglionic centres, with the spinal cord, are also in an inactive state. I have often thought that, in many of the patients who have come under my care, epilepsy existed *without any local disease* to cause it. In a word, I may say, I believe epilepsy is caused by *debility*, arising from impure blood; but the disease is developed by many exciting causes. The blood, which is "the life," is diseased or poisoned. The convulsion, or the paroxysm, may be *excited* by an hundred causes; but *the* cause, the real foundation (and what perpetuates the trouble) lies back of all this—a *prostration* of the system, a general *want of nutrition*, or a *degeneration* of the blood, without a due supply of which, both in quantity and quality, depositing its appropriate *cell-work* at every fibre of the organism, the body must deteriorate. "He needs (says Dr. Radcliffe) to study physiology and pathology anew, who does not know that muscular contraction is always the *withdrawal* of nervous and other stimuli which appertain to the muscles; and never the result of the communication, or importation of these stimuli." These facts being clearly established, as the cause of epilepsy, we may well ask, how long will it take to remove this cause, and thus take away the effect, or cure epilepsy, upon the *antiphlogistic* or *depleting* plan? Is it not as plain as the sun-light, that the *lancet* and *purgatives*, and the whole paraphernalia of *debilitants*, might be employed *ad eternum*, and the difficulty only be thus long augmenting? I have had patient after patient, who had been the whole round of this system, again and again, until they "had spent their whole living, and were nothing bettered, but rather grew worse;" and who, upon being put upon a different treatment, have soon improved: in some instances, the convulsions disappearing entirely; in others, where they had occurred once a month, the patients going three, four or six months, without an attack. In accordance with these views are the following remarks of Dr. Badeley, on the treatment of *insanity* and *epilepsy*, and indeed all nervous diseases. "There is great expenditure of the nervous energy, where the brain is thus seriously excited; and this, in my humble opinion, is a main reason why depletion cannot be borne—why sudden prostration is likely to succeed, and why death follows fast upon it. Pinel opposed bleeding most strenuously, as tending to retard recovery, and even to render recovery doubtful. Dr. Rush was particularly blood-thirsty. Dr. Pritchard believed the cases to be very few which would yield to large depletion, and considered that the existence of the patient would be much endangered by it. Dr. Barrows, who, following the example and trusting to the experience of others, tried depletion for several years, admits that 'he discovered his error,' and changed his practice, after which he met with much better success."

Now, if I am not mistaken, Dr. Badeley has here divulged the *bane*, the *primum malum* of the medical profession, in the practice of Dr. Barrows—"following the example and trusting to the experience of others." The physicians who think of deviating from the ordinary routine of practice, or of not *following the books*, in my humble opinion, are "few and far between;" and there is a cause for this—for if a physician does thus

deviate, there is danger of his losing caste, and being frowned upon by those whose *dictum* is *Judex* in high places; and never, till each physician has independence enough to use his own judgment, in the treatment of disease, can the profession hold up in its front the motto "*Excelsior*," and be progressive.

ASIATIC CHOLERA.

[Communicated for the Boston Medical and Surgical Journal.]

PROBABLY almost every physician on the approach of cholera the present season, asked himself the question, what remedy shall I give in the cases that may come under my care? The subscriber marked out a course for himself at the onset, and here it is, with the result:—Calomel, 20 grains; this arrested vomiting, and was retained in the stomach, with one exception, where the dose was repeated, and then retained; from 1 to 2 grs. calomel administered every hour or two, till the bowels were operated upon by the medicine. Mustard was also applied at the beginning, over the stomach and liver, and the feet put into warm water. The patient was allowed ice water to drink, one hour after the first dose of calomel was given. Calomel has a *three-fold* effect in cholera; 1st, to arrest the vomiting; 2d, to carry off foul or indigested matter; and, 3d, to cause a secretion of *bile*, which is always arrested in cholera. Four sevenths of the patients treated as above, recovered; and in every case where a secretion of bile was manifest in the stools, recovery followed.

HENRY RUSSELL, M.D.

Providence, R. I., 9th mo. 11th, 1854.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 20, 1854.

Education of Idiots.—Until within a few years, it was supposed that any attempt to improve the condition of idiots, by a system of culture or training, would be entirely useless. But it has been fully demonstrated, that they are susceptible of being greatly improved in their mental, as well as physical condition, and the attention of philanthropists has been directed to the procuring of means to establish schools for this unfortunate class of beings. The Massachusetts School for Idiotic and Feeble-minded Youth, located in this city, which is now under the patronage of the Commonwealth, was, we believe, instituted mainly through the efforts of Dr. S. G. Howe, its president and superintendent. Under his fostering care, it seems to have accomplished, thus far, all that its most sanguine friends and supporters could expect or wish for. It now numbers forty-two pupils, thirty-one of whom are State beneficiaries, and the other eleven private pupils. Dr. Howe, in his admirable report for the present year, says that "one of the lessons learned by experience in this school is, not to rely upon first appearances; to promise little; to hope ever; to despair never. There are cases which defy calculation; for while some that seemed to promise most at first sight

do not improve at all, others again, that seemed beyond hope, improve greatly."

The corner stone for an Idiot Asylum was laid at Syracuse, N. Y., last week, and for the following description of the edifice, we are indebted to the New York Standard.

"The building will be in the Italian style of architecture, and will cover a space of 70 feet by 153. The front of the building will be broken up by the projection of the wings, and the towers which will be carried to a height of 60 feet, occupying the centre of the building. The ends or wings will be four stories in height, and the centre three stories, with basement and sub-cellar under the whole. The sub-cellar will be used for storage and hot air furnaces. The basement will be divided up into kitchen, dining-rooms, wash and ironing rooms, &c. The principal story will be occupied by school-rooms, reception-rooms, and the apartments for the Superintendent. The second, third and fourth stories will be used for dormitory and other purposes. The building is well supplied with bathing-rooms and water-closets, and the system of ventilation is the most perfect that can be devised, each apartment being supplied with ventiducts for the admission of cold air. The exterior of the building will be of pressed brick, with free-stone dressing—the basement story of rusticated ashlar; and all the angles enriched with quoin-blocks of free-stone. All the windows and doors on the outside will be furnished with free-stone dressings, together with the string courses. The front entrance will be ornamented with a Doric portico; those at the north and south ends, by similar structures."

Autumnal Fevers—Health of our City.—It has been observed that autumnal fevers do not prevail with us to such an extent now, as they did some years since; and those cases which do occur, are of a milder type, and therefore are more easily managed. We believe the exemption from these fevers, as well as from much other disease, can be attributed in part to the healthful and abundant supply of pure water which is furnished our citizens. As has been before remarked in this Journal, the water "runs through our sewers, as clear as a brook;" and so long as it continues to do so, we can have no miasms generating under ground and producing disease and death. In many cities and large towns, no perfect system of sewerage has been adopted, and some of them are deficiently supplied with water, and that not of the best quality. It is not strange that in such places sickness to a considerable extent should prevail; and at this season of the year, especially, that continued fevers should be of a malignant type. Our city continues healthy; there is comparatively but little acute disease prevailing, and it can with truth be said that Boston is one of the healthiest cities in the world.

Reports of Cases by "Reform" Doctors.—It is amusing to read some of the reports of cases in the "Reform" Medical Journals, as communicated by doctors who are engaged in "reforming" medical science. For instance, a case of "gravel cured," is reported as follows. "A lady, about 65, had an attack of typhoid fever last fall. She was predisposed to erysipelas; was blistered on the hip for pain; blister raised; mortification followed, extending half way around the limb, say 12 by 14 inches in size. It healed up some; broke out again, and so continued for nearly one year. She came under my care. I put her through a course of sprouts. Rather up hill in its tendency, and, for variety, occasionally down hill. The sore is

progressing, I hope to perfection. During this course, she passed some one hundred gravel stones, the largest about the size of *three grains of corn* (considerable pain for days). *She did not know where they came from.* White lumps of muco-purulent passed through the bowels by scores, some as large as a *hen egg.*" In the same Journal, another of these doctors reports that his wife "stuck a brass pin in her leg, on the outside, just below her knee-joint. * * * * It inflamed, rose, broke and run; *all the muscles, from the knee down to the heel, came out*"! Here is another interesting case from the same source. It appears that *the* doctor was called to a young man who had been sick six weeks, and had all that time been attended by an "Allopath." The new doctor found his patient with high fever; flesh and strength nearly gone; hip-bones protruding through the skin, "*with his bowels running off every hour or two.*" He succeeded in healing the sores about the hips and legs, and otherwise treated his patient "according to the directions laid down in your lectures upon diarrhœa" (referring to the editor, who is also a professor in one of the Physio-Medical Colleges); "but his bowels still run off." In this sad dilemma, he asks, what is to be done?—Another old gentleman who has been a reader of some of the valuable works of these reformers, took it into his head that he would enter one of their colleges as a student, that he might be better able to treat his own case; but he thought, before he did so, he would *get the canker all out of his system, as he did not want to go there full of it.* So he took three or four courses of the professor's medicine, and felt so much better, that he has been able to treat himself ever since; which must be a great loss to the College—as the words, "A Disappointment," are the caption to the old gentleman's communication.

Patronage of the London Hospitals.—There are six hundred and fifty beds in St. Bartholomew's Hospital, and it is stated that it affords relief to *ninety thousand patients annually.* This is only one of the many large hospitals in London, and it is presumed that the others receive a relative proportion of patients; it is judged, therefore, that the aggregate number of persons annually receiving relief from them all, cannot be far from half a million.

Cholera.—The Genoa Gazette announces that the municipality considered that no motive, except that of actual impossibility, can be strong enough to warrant a physician in refusing his aid during the cholera, and has determined to publish the names of those medical men who shall refuse to accept the duties which may be imposed upon them, together with the excuses they shall have alleged, so that the public may judge of their importance. It has even determined, says the same paper, in a paragraph which, from its decided tone, has every appearance of being official, to use more stringent measures still against those who shall give the pernicious example of refusing their assistance to the public.

The *Gazette des Hôpitaux* lately published a remarkable cure of cholera by mistake. Dr. Roger (de l'Ore) having been called upon to visit a patient in the worst stage of cholera, prescribed, but with scarcely the slightest hope that it would be efficacious, an emetic of one and a half grammes of ipecacuanha, to be taken in three doses (*prises*) at intervals of half an hour. The person who was charged to administer the ipecacuanha, seeing the word *prises*, and finding that the medicine was a powder, imagined it was

a kind of snuff, and that the three prises meant three pinches. He consequently made the patient sniff up a third. The ipecacuanha thus administered, instead of making the patient vomit, caused him to sneeze with such force, and for so long a time, that a violent re-action took place. Heat returned to the surface, all the symptoms of cholera ceased, and when the physician paid his next visit he found the patient cured.

It has been discovered that the dreadful ravages of the cholera at Columbia, Pa., were caused by persons, who, carrying sheep on the railroad, threw into the reservoir the bodies of those that died on the route. The water has been drawn off and the putrid bodies found.

The correspondents of the English papers state that the cholera prevails in the Black Sea fleet. In one French man of war, one hundred of the crew died of the disorder in twenty-four hours. It is also stated that of 1800 French Zouvas (famous in the wars of Algiers), who advanced into the Drobudscha, only 480 returned, the rest having perished. It is also stated that 4000 French troops of the line perished in the same region.

Narrow Escape of a Physician from Lightning.—We learn from the papers, that as Dr. E. W. Stickney, of Provincetown, was on his way to Wellfleet on Saturday afternoon, to visit a patient, he was overtaken by the storm, during which he was struck by lightning. His horse, a valuable animal, was instantly killed. The fluid struck the left arm of the doctor, which it paralyzed, and descended by the right leg, leaving its traces from the thigh to the toe, and passed off through the carriage. Strange as it may seem, Dr. Stickney was not dangerously injured, and was soon able to attend to his business, although still suffering from the effects of the stroke.

Calomel in the Treatment of Cholera.—Dr. Hunt, of the Buffalo Medical Journal, speaks as follows of the use of calomel in cholera, during another season of the epidemic. We copy it from the last number of that Journal.

"The calomel question is still open. Its advocates have given less than in previous years, while its opponents have probably given rather more. A dose of over ten grains has been very uncommon, while it has been a very general practice to give that quantity, with a grain of morphia, as a first prescription. The calomel is rarely repeated, while the morphia is usually given in smaller doses until the vomiting and purging cease. Of course, the friends of the calomel ascribe the curative effect to it, while the advocates of the morphia think that it has quite as likely been the active agent in the prescription. How to settle the question no one can tell, for no one gives the calomel alone, while but a few omit it entirely. One thing is noteworthy, the patients do not really come under the mercurial action. We have seen no one salivated, neither have we noticed the other peculiar effects upon the hepatic secretion. The course of convalescence was usually a cessation of the vomiting and purging, a return of the warmth of the skin, and a general improvement in appearance. It was remarkable that bilious or dark colored evacuations were not necessary to this result. Frequently the last discharge would be rice water, and the patient would go on convalescing for days without a movement of any kind.

"Of the treatment by small and repeated doses we know but little. It has probably found few friends, as we have heard nothing of it. It belied its promises two years ago, and the profession had little confidence in it.

"The mainstay of all methods of treatment has really been opium in moderately large doses, combined with diffusible stimulants, counter-irritation, and hot air. Perturbation by friction has been found injurious.

"There has been an unusual tendency to congestive disturbance. Contrary to previous experience, it has been found that a cessation of discharges by no means implied recovery. In very many cases where the discharges had been too small to account for unusual prostration, the patient has sunk inevitably into a collapse too deep for remedial measures. There was such an entire want of nerve force that no treatment was of any avail."

Massachusetts Medical College.—It will be observed, by reference to our advertising pages, that important changes are taking place in this medical school. The College is so far united with the Tremont Medical School that the professors in the one are instructors in the other; and when the exercises of the College terminate, those of the private school commence. We infer that a more complete course of instruction is contemplated; and in fact we have been informed that while the course of lectures at the College continues to be as complete as at any similar medical institution, the ensuing private instruction in the Tremont Street Medical School will supply such omissions as necessarily occur in every public course. This is an important step in the progress of medical education.

Resignation of Professor Channing.—We learn that Dr. Walter Channing has resigned the professorship of Midwifery and Medical Jurisprudence in the Medical School of Harvard University, and that the corporation have appointed Dr. D. Humphreys Storer, of this city, to fill the vacant chair. Dr. Channing has been long and favorably known in our community, both for his practical skill in his department, and for his philanthropic exertions in the cause of erring and suffering humanity. His fluent and pleasant teaching will be long remembered by many who have received their medical education at this College. Dr. Storer has already achieved a reputation in science, and no less a one as a popular and successful teacher and practitioner, in his especial department. We predict that his appointment will give great satisfaction to the medical profession, and especially to those most interested, the class of medical students. The College is in a highly flourishing state.

Our Foreign Exchanges.—Occasionally we hear from our European exchanges, that this Journal is not regularly received. We can assure our cotemporaries that it is regularly sent to them through one of the largest publishing houses in this city, directed to a similar London house. We think the cause of the delay must exist in London. We shall give the matter our immediate attention, and if possible prevent the recurrence of the irregularity.

Homœopathic Provings—Pillow-drinking Tubes—Optical Instruments.—A correspondent reminds us of an omission, in last week's Journal, of the frequency of the doses of pellets taken by Dr. Coxe. It should have been stated that "he repeated the sixty pellets three times a-day for four successive days."

A "Subscriber" writes us, that he is in the habit of making an article for the purpose of giving drinks to sick people, from glass tubes, which he

bends to any desirable shape over the flame of a spirit lamp; and he thinks no tube can be more economical, delicate, clean or agreeable to the lips of a patient.

In the Journal of the 6th inst., in noticing the optical instruments manufactured by Mr. L. Dessauer, London street, Boston, we inadvertently gave the number of the street 4 instead of 24.

Medical Miscellany.—The yellow fever is again on the increase at the South, and also in Texas.—Sporadic cases of cholera are constantly occurring throughout the country, quite in the interior and in places distinguished for the general good health of the people; which clearly shows that an atmospheric or electrical agency is at work in producing them.—Dr. C. C. Coxe, of Easton, Md., recently performed the operation of amputating the leg at the hip-joint, with complete success. At the last account his patient was doing well.—Miss Dix, the philanthropist, has again gone to Europe on a tour of inspection of the insane hospitals there.—A butler, living with one of our opulent citizens, has commenced an action against him, in consequence of injury sustained from the drinking of wine in which tartrate of antimony had been mixed for the purpose of detecting any person in the free use of it.—The judge of probate of Essex county, Mass., has declared the will of Dr. Manning, of Ipswich, invalid on the ground of insanity. He left the bulk of his property to found a high school in Ipswich, disinheriting his son.—Mr. Hely, a surgeon of Ravenstone, in Leicestershire, has been killed by drinking colchicum wine—made of the seeds and roots of meadow saffron steeped in sherry. No label had been placed on the bottle, and Mr. Hely thought it was sherry.—Prof. Bartlett, of the College of Physicians and Surgeons of New York, continues too ill to lecture, and Dr. J. M. Smith will deliver the course on *materia medica* next winter. Prof. Clark will lecture on practice as well as pathology, while Dr. Dalton will give the course on physiology.

PAMPHLETS RECEIVED.—“Poisoned Wounds; their distinctive features, classification, &c., being the report of a committee to the Medical Association of Missouri, by A. F. Jeter, M.D. (chairman).” An able and exceedingly interesting paper, the reading of which afforded us much pleasure.—The Transactions of the Belmont Medical Society for 1853-54. Bridgeport, Ohio.—The fifteenth annual announcement and catalogue of the Baltimore College of Dental Surgery, session of 1854-55.—Progressive System of Medical Education of the Pennsylvania Medical University of Philadelphia, and announcement of the fall and winter session of 1854-55.

MARRIED.—In Hancock, N. H., 7th inst, J. F. Dyer, M.D., of Annisquam, to Miss Maria Davis, of H.—At Utica, N. Y., Sept. 6th, John P. Gray, M.D., to Miss Mary Buckminster Wetmore, all of Utica.

DIED.—In Bangor, Me., Sept. 11th, Dr. J. B. Fiske, an old and very much respected physician.—At Marysville, Cal., July 23th, of inflammation of the brain, Dr S. H. Baldwin, of Rose's Bar, and late of Rochester, N. Y.

Deaths in Boston for the week ending Saturday noon, Sept. 16th, 93. Males, 46—females, 47. Accident, 3—inflammation of the bowels, 5—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 1—consumption, 15—cholera, 7—convulsions, 3—cholera infantum, 6—cholera morbus, 1—croup, 2—cancer, 1—dysentery, 6—diarrhoea, 4—dropsy in the head, 2—debility, 1—infantile diseases, 7—puerperal, 1—fever, 1—bilious fever, 1—typhus fever, 1—hooping cough, 1—disease of the heart, 1—intemperance, 2—inflammation of the lungs, 1—congestion of the lungs, 1—marasmus 3—paralysis, 1—pleurisy, 1—scrofula, 2—teething, 5—ulcer, 1—worms, 1—unknown, 3.

Under 5 years, 50—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 11—above 60 years, 5. Born in the United States, 68—Ireland, 20—British Provinces, 1—Germany, 1—Portugal, 1—France, 1—Hayti, 1.

Supernumerary Toes and Fingers.—To THE EDITORS, &c. As cases of "Freaks of Nature" are sometimes interesting to the curious, I will describe one on a child born in the "State Alms-House" in this place on the 5th inst.

The child (a boy) is full size, apparently well and in good condition, and has nothing about him unusual except the formation of the toes and fingers. He has *five* fingers and *one* thumb on each hand, perfectly formed, and well adapted for use. The great toe on each foot is *double*, having two well formed nails, and all the bones usual in a toe, accompanying each nail, giving the member the appearance of two toes united like a "web-foot." It is the same in regard to the next two toes on each foot, being webbed, and having a perfect nail and a full set of bones to each toe. Then in addition to these, each foot is supplied with *three* perfectly formed toes in natural order and position, making, in all, *seven toes* to each foot.

This boy, I think, will be able to "toe the mark" with success, if numbers and "union" are any indication of ability.

Tewksbury, Mass., Sept. 7, 1854.

JONATHAN BROWN.

UNIVERSITY OF NEW YORK—MEDICAL DEPARTMENT.—The regular Course of Lectures for the Session 1854-'55, will commence on Monday, Oct. 15th, and continue until the last day of February following.

VALENTINE MOTT, M.D., LL.D., Emeritus Prof. of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

MARTYN PAINE, M.D., Prof. of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Prof. of Midwifery.

JOHN W. DRAPER, M.D., Prof. of Chemistry and Physiology.

ALFRED C. POST, M.D., Prof. of Surgery.

WM. H. VAN BUREN, M.D., Prof. of Anatomy.

JOHN A. SWETT, M.D., Prof. of the Institutes and Practice of Medicine.

CHARLES E. ISAACS, M.D., Demonstrator of Anatomy.

GEORGE A. PETERS, M.D., Prosecutor to the Professor of Surgery.

ALEXANDER B. MOTT, M.D., Prosecutor to the Emeritus Professor of Surgery.

JOHN W. DRAPER, M.D., Pres. of the Faculty.

Fee for each Professor's ticket, 15; or for a full Course of Lectures, \$105. Matriculation fee, \$5.

Graduation fee, \$30. Demonstrator's fee, \$5. In consequence of the recent legalization of anatomy, subjects will be furnished to students free of charge.

There are five clinics in the University every week. On Monday, on Obstetrics; Tuesday, Surgical; Wednesday, Medical; Thursday, clinique on diseases of Genito-Urinary Organs; Saturday, Surgical clinique. Attendance as usual in the Hospitals and Infirmarys.

July 19—TL

PALMER'S PATENT ARTIFICIAL LEG—is essentially different from, and superior to every other substitute for the natural leg. At the *World's Fair*, London, 1851, it received the Prize Medal, as "the best appliance ever invented." In this country, in thirty exhibitions, in every instance it has taken the first and highest premiums as "the best." At the *Crystal Palace (World's Fair)*, New York, it received the Silver Medal (the highest award), as "the best artificial leg." Pamphlets containing the testimonials of the first American and European surgeons, and useful information, sent *gratis* to who apply to PALMER & Co., Springfield, Mass., or to Dr. J. CHEEVER, No. 1 Tremont Temple, Boston, their agent.

Aug. 2—tf

N. W. & S. J. BERRY—Successors to *Philbrick, N. Atwood & Co.*, dealers in Drugs, Medicines and Chemicals, and manufacturers of all kinds of Pharmaceutical Preparations. Particular attention paid to the selection of fresh drugs, and pure medicines, especially for physicians' orders. Constantly on hand, Sweet Spirits Nitre made from Atwood's Alcohol; all the different preparations of Manganese; Syrup Iodide of Iron; Pure Cod-liver Oil, &c. &c. No. 100 Washington street, Boston.

Aug. 2.

COLLEGE OF PHYSICIANS AND SURGEONS, CITY OF NEW YORK.—The regular Course of Lectures for the session of 1854-'55, commences on Monday, Oct. 19, 1854, and will continue *five months*. A preliminary Course, free to all Students, will as usual be delivered, commencing early in September.

Fees for the Regular Course.—Matriculation, \$5; full course of all the lectures, \$105; Graduation, \$25.

FACULTY.

ALEXANDER H. STEVENS, M.D., LL.D., President, and Emeritus Prof. of Surgery.

JOSEPH M. SMITH, M.D., Prof. of the Theory and Practice of Medicine.

JOHN TORREY, M.D., LL.D., Prof. of Chemistry and Botany.

ROBERT WATTS, M.D., Prof. of Anatomy.

WILLARD PARKER, M.D., Prof. of Surgery.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics.

ALONZO CLARK, M.D., Prof. of Physiology and Pathology.

ELISHA BARTLETT, M.D., Prof. of Materia Medica.

JOHN A. LIDELL, M.D., Demonstrator of Anatomy.

LEWIS A. SAYRE, M.D., Prosecutor of Surgery.

GEO. T. ELLIOT, M.D., Assistant to the Professor of Obstetrics.

In consequence of the continued ill health of Prof. Bartlett, the Faculty have made the following arrangements for the Session of 1854-'55:

Prof. SMITH will deliver the Course on Materia Medica.

Prof. CLARK that on Practice of Medicine, resigning the Course on Physiology to

Prof. JOHN C. DALTON, of Buffalo University.

JAMES KNOX, Janitor, resides in the College, No. 67 Crosby street, and will aid Students in obtaining board, &c.

June 28—to 19

SICHEL ON SPECTACLES.—"SPECTACLES; Their uses and abuses." Translated by H. W. Williams, M.D. This treatise emanates from the highest authority in ocular hygiene, and is the only work on this subject accessible to the profession.

For sale by G. W. BRIGGS and A. D. PUTNAM, 456 Washington st. Pp. 202, 8vo. Price 75 cts., cloth.

"This book is a great desideratum, for there is much mischief done, and much sight abridged, from lack of knowledge in the treatment and care of this most useful and tender of the five senses."—*National Intelligence*.

Sept. 6—6m

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the Diagnosis and Treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 8 Otis Place. He will likewise receive private pupils by the year. Terms, \$100.

HENRY I. BOWDITCH.

Boston, Oct. 6, 1852.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, SEPTEMBER 27, 1854.

No. 9.

REMARKS ON CHOLERA, WITH SPECIAL REFERENCE TO THE SEVERE AND COLLAPSED STAGES.

BY EDWARD JENNER COXE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

OF the diseases incident to man, none, within the last thirty years, has attracted more general attention than cholera; formerly called Asiatic cholera, but at present, from its domesticity, known as frequently by the one name as by the other.

It would naturally be supposed, that, ere this, the treatment of this disease, even in its worst form and stages, would have settled down upon some fixed principles; but this can scarcely be said to be the case, while so many different and often such opposite remedies are introduced and strongly recommended in the various medical journals of our country and Europe, and while there continues so high a rate of mortality as is observed at this day. As the disease has been the present season in various places more prevalent than usual, and in many equally fatal as in former years, I have thought a few remarks upon some particular points would not prove unacceptable.

To those who are partial to theorizing upon subjects apparently beyond the ken of man, I leave those fruitful points of discussion, viz, the first cause of cholera, and the mode of transmission or extension from place to place—believing the following text of scripture to be peculiarly applicable:—"The wind bloweth where it listeth, and thou hearest the sound thereof, but canst not tell whence it cometh nor whither it goeth."

The principal objects of these remarks are, to direct attention to the possibility of preventing the approach of cholera when apprehended, of arresting it in its career if present, and to suggest a uniform, and, as I hope to show, a successful mode of treating a well-developed attack, and even the collapsed stage, the apparent hopelessness and great fatality of which have been the cause of the panic generally produced by the presence or anticipation of cholera. Since 1832, when the Asiatic cholera first made its appearance in Canada, whence it continued its march over the greater part of our country, it has occasionally shown itself, at irregular periods, in various places, and at all seasons of the year, without in any instance having had the cause assigned for its appearance as a distinct disease from the old-fashioned cholera morbus, provided in

every instance such difference clearly existed. It is to be regretted that the name of cholera should have been used to designate both this disease and one similar in character, though different in intensity, and more amenable to the power of medicine.

In expressing the opinion that it is possible to prevent the appearance of cholera in any place, when from its proximity such may be apprehended, I shall rely upon the facts shortly to be mentioned. One positive, important fact may be laid down :—that as the true object of medicine is to cure disease, the resort to such to prevent this, or any other disease, will end disastrously, for such a course is the surest mode of inducing an attack, there being no preventive known, other than a strict observance of the laws of hygeia, or nature. In endeavoring to prove that personal and public preventive means, timely resorted to, and efficiently enforced, can and will accomplish the desired good, I will cite the following facts. During the existence of cholera in Genoa, in 1835, where I chanced to be with my family, circumstances gave me the power to propose, and have carried out, certain suggestions, which by general consent were confessed to have worked well. The general prevalence, the exceeding severity and mortality of the disease, during its continuance in Genoa, are too distinctly remembered to require words of proof. While fear was hurrying out of town so many of the native physicians, that the government considered it necessary to interpose its veto by refusing to grant passports, I, as a stranger and an American M.D., though possessing the right to leave, wished not to avail myself of it, for having seen much of the disease in New York and Philadelphia, in 1832, I concluded I might, under the circumstances, render some service, and consequently became a daily visitor to the hospitals, as well as to the sick in their houses. Being seen daily in the hospitals, I was requested to give my opinion of the disease then raging, and, in complying with the request, embraced the opportunity of suggesting several measures, for the benefit of the large body of troops collected in the city, numbering about ten thousand. The prominent and most important suggestions were :—

1st. That there should be no other parades or turning out than those absolutely required for changing guard.

2d. The weather being chilly, with rain, that the soldiers, officers and men should change from summer to winter uniform.

3d. To distribute a better quality of bread and wine, than under ordinary circumstances would have been necessary, and also to allow the men a portion of fresh meat daily.

4th. To prohibit entirely the use of fruit and vegetables, both of which were in the greatest abundance, and to be had for the asking.

It is possible some others might have been added, but the above, having been mainly insisted upon, are the most particularly remembered. The results consequent upon a rigid observance of the rules laid down, were as follows. While the population, reduced by flight to about 60,000, was being more than decimated, the number of deaths among the troops was under fifty, a fact communicated to me by those high in authority, and conversant with all relating thereto.

Satisfied that such effects were the direct results of the causes assigned, does it not become a reasonable question, whether, in other places, under similar circumstances, the same happy consequences would not follow the adoption of similar rules, provided such could be as fairly enforced? The only or greatest difficulty that could present itself, would be the almost utter impossibility of enforcing, in our country, strict attention from every member of the community to the observance of such rules as could easily be laid down. In Genoa, on the contrary, this difficulty, as far as the troops were concerned, could not occur, for military laws ruling, and strict military discipline having been enforced, the directions were rigidly observed.

From a due consideration of the above facts, is it to be regarded as a forced conclusion, that cholera being apprehended, or really existing, certain sanitary measures can be proposed, which, if duly carried out, will result in effecting a real benefit, either by preventing its appearance, or if present, by mitigating its character and severity, or arresting its further progress. Let the public authorities exert their unquestioned right to recommend and enforce proper sanitary measures, and let each individual of the community perform his part in carrying out the plain rules which should emanate from a board of health, and who could say that the acknowledged terrors of that disease would not be materially lessened?

In all parts of the world, it has been universally conceded that cholera of a severe form is preceded by certain premonitory symptoms, which, when duly attended to, can be removed and the progress of the disease arrested. Conceding that these premonitory symptoms, as well as the first stage of cholera, timely and judiciously attended to, will be found of easy management, I will but cursorily notice what I have used with uniform success in these cases; as it is my intention to dwell more particularly upon the well-developed stage, and that of collapse, and to state the mode of treatment in such cases which I have found most generally successful.

Inasmuch as these premonitory symptoms, as well as those of the first stage, clearly indicate more or less derangement of the digestive organs, in which the liver performs an important part; I have found the following pills and cordial syrup as uniformly certain as it is in the nature or power of medicine to be. Powdered opium, two grains; powdered ipecac., one grain; cayenne pepper, six grains; blue mass, twenty grains. To be made into eight pills. The cordial syrup is made by mixing of the spiced syrup of rhubarb, two ounces; paregoric, half an ounce; tincture of cayenne, two drachms; tincture of ginger, half an ounce; spirit of camphor, two drachms; and orange flower water, one ounce. One of the pills may be taken every one, two or three hours, followed immediately, or in a short time, by one or two teaspoonfuls of the cordial syrup. Very rarely will more than one or two doses be required. The cholera syrup and pills, a more powerful preparation, which necessity has compelled to be kept on hand, I have used in the same cases, as well as in those more severe, with the greatest satisfaction.

We now approach the consideration of the fully-developed disease, with the vomiting, purging and other symptoms much aggravated, and

rapidly running into the collapsed condition. We find the fluids thrown up or poured out of the stomach without the least effort or straining, frequent involuntary watery and light-colored discharges gushing out of the bowels; and whatever is taken into the stomach, whether medicine or drink, is immediately rejected. The body is covered with a cold sweat, the pulse is falling rapidly in frequency and volume, the face presents a cadaverous hue, the eyes are sunk in their sockets, with a black or dark livid hue around, the tongue as well as the breath is cold, and severe painful cramps, in the lower extremities principally, are often present.

Now in such a condition of the body, it is not to be wondered at that few recoveries, by ordinary treatment, occur, and it may well be asked what now is to be done, with a fair prospect of success? That a great diversity of practice has been fully tried to meet this condition, all must admit; that no great measure of success has been obtained, is equally evident. Look at the returns from Barbadoes, where one ninth of the population has perished; and the returns from other afflicted places, although not quite so melancholy, leave nothing for the faculty to boast of. In the various medical journals of the United States and Europe, can we take up a number without finding some new remedy; and judging of the past, where will they each be found at the next visitation? If permitted me so to speak, when others, my seniors many of them, are to be alluded to, I would say, that when we take into consideration all the symptoms which collectively represent the disease cholera Asiatica in its severe form, it is not risking too much to assert that a single remedy cannot be found. We must abandon the idea of finding one remedy, or medicine, for such a purpose, as that would imply the existence of a specific, which cannot be admitted; for do we not find bark, mercury and sulphur, the so-called specifics for different diseases, fail, and that frequently? *Medicamenta non agunt sine in cadaver*; and while they are uniform, how different do we find the bodies on which they are to act.

It is not my intention to pass in review the various remedies or plans of treatment proposed and adopted for the cure of this disease, but I will proceed to notice that course which it is the purport of these remarks to strongly recommend to the consideration of all—premising, however, that should any member of our profession succeed in establishing a principle of treatment which shall surpass, as to the measure of success, that herein recommended, none will be more ready than myself to acknowledge it, or to resort to it for the purpose of benefiting humanity.

In reference to the probability of overcoming such a condition of the system as has just been noticed, and to the only course calculated to effect it, I think it will be admitted, that the principal, if not the only object to be aimed at, will be the effecting an entire change in the system, by producing a thorough re-action, which, once accomplished, will place the body in a condition amenable to an ordinary mode of treatment. It may be remarked, that the re-action following will rarely if ever be found to produce that condition of the brain, so apt to result from a re-action produced by powerful stimulants conjoined with opiates.

In what manner to explain such effects from such a cause, it is difficult to determine; but as it is the opinion of many accurate observers that the nervous system is the part of the body primarily acted upon by the morbid poison of cholera, whatever that may be, we may not incorrectly attribute the result of the treatment recommended to the impression made upon the nervous system, in a mode not easily explained, by which the *fons et origo morbi* is removed. The means whereby so desirable an end is to be brought about, consist in the exhibition of an emetic, of a powerfully stimulating and perturbing character, and which, as far as my experience goes, really merits all the praise that can be awarded to it. This emetic is composed of the following ingredients:—The strongest flour of mustard, two tablespoonfuls; table salt, four tablespoonfuls; powdered Jamaica ginger, two tablespoonfuls; powdered African cayenne, one teaspoonful. This preparation is to be mixed with two or three pints of hot water, and swallowed by the tumblerful at a time, in rapid succession, until a powerful action on the stomach, as an emetic, has been produced. At times, I have seen one tumblerful cause a speedy effect; while in others, it has been necessary to force down several before the desired effect was produced.

Let us now take a summary view of the effect, resulting from this emetic as a means of cure, and of the vomiting or pouring out of the fluids from the stomach, as a symptom of the disease.

In the last, or as a symptom, we have the fluids poured out from the stomach and bowels, without effort; the pulse small, weak, often imperceptible; the voice weak, frequently scarcely audible; the tongue and breath cold almost as ice; the eyes sunk in their orbits, with a black or livid circle around the lids, and extending more or less over the face; a profuse cold sweat, cramps in the muscles of the limbs, of the lower especially, and not seldom in those of the abdomen, with an insatiable thirst, and a sensation of heat or burning in the stomach. What do these tremendous effects of the disease indicate, but that the serum of the blood is being carried off through the stomach, bowels and skin, while what remains of the vital fluid is concentrated and locked up in the large internal organs?

We will now pass to the effects almost immediately produced by the vomiting caused by one or more tumblersful of the emetic, and observe the surprising difference.

Shortly after having swallowed this emetic, we shall have produced powerful straining followed by a forcible ejection of the contents of the stomach, and almost simultaneously, or in a short time, the following consequences. A full bounding pulse, a hot skin and warm perspiration, the tongue and breath warm, the voice louder and more natural, the cramps gone, the expression of the face more natural, the lividness or peculiar hue of the face and hands replaced by one more natural, and with a cessation of discharges from the bowels. In fact there has been produced a complete re-action, the arterial system has resumed its natural play, and all, as far as my experience extends, without a single unpleasant consequence. Not unfrequently have I seen the patient in a short time fall into a sound natural sleep, varying in duration, and when

he awoke he would not present a single symptom of the disease as previously existing. Exhausted, weak, he would necessarily be, and requiring nourishment, and such medicines as the character of the disease would lead every one to suspect, or such as are known to act on the secretions, and restore a healthy action to the liver, and natural fecal discharges from the bowels.

In those cases where, after the action of the emetic, sleep did not so soon occur, there was an absence of the symptoms of the disease, without any tendency to a retrocession, with the same indications for nourishment, and the producing a healthy action of the liver, stomach and bowels by appropriate medicine. These indications were met by moderate quantities at a time of the different farinaceous articles; as gruel of rice, sago, tapioca, or arrowroot, or broths made of beef, mutton, chicken, and rice or barley; giving from time to time small quantities of brandy or wine, and cooling drinks made of flax seed, gum Arabic, or similar articles, as might be desired.

For the medicinal treatment, a dose of calomel, or blue mass, or two or three of the pills before noticed, followed by a mixture of the spiced syrup of rhubarb, ginger, &c., previously noticed, would in general be all-sufficient.

The system having been restored to this comparatively natural condition, it appeared to me that the time had arrived when it was proper not to strive to do too much, but rather to allow nature a fair chance to assert her prerogative, in completing a restoration to health. My rule then was to watch, and act according to circumstances.

In conclusion, believing my premises are correct, I think it must be conceded that all of the indications presented, by which to decide as to a successful mode of treating the several stages of cholera, are fulfilled by the exhibition of the emetic alluded to. I know that other remedies of a powerfully stimulating character, more especially if aided by external applications, whether frictions with hot salt and mustard, mustard, turpentine, or the aqua ammonia, or even the setting fire to alcohol or ether with which the abdomen or spine is moistened, will produce a re-action; but I also know, that in a large majority of cases so treated, there did and will result an affection of the brain, which almost invariably ended in death, proving the truth of the old adage of the remedy being as bad, if not worse, than the disease. I never saw such a result from the re-action caused by the emetic. I have never had cause to regret the use of it, but more than once seriously regretted that it had not been employed. I have used it at least one hundred times; but had it been used only once, and that the case of the Rev. Dr. Tallmadge, on a visit to this city, attended by Dr. Picton and myself, its true value, from the decided effects, would have been sufficiently established.

From a notice in your Journal and some others, it appears that Monsieur Breant, of France, has left a legacy to be awarded to whoever should succeed in discovering a cure for cholera. I am not certain that I have come up to the requisitions; but it does appear to me, that when we duly consider the real character of this disease, the different ways in which it displays its power, generally by the presence of all the symp-

toms enumerated, though occasionally, as recorded, by the existence of extreme and sudden prostration, as though the result of a poison, and terminating quickly in death—it may fairly be questioned if a nearer approach to what his legacy requires, will soon or more definitely be reached. Whether the course recommended shall eventually be recognized as the true mode of treating the worst stages of cholera, time alone can determine. As a member of the profession whose noble object is that of curing disease, I have endeavored to do my part towards systematizing a plan of treatment which, fairly and fully tried, will be found equal to the claims set forth in these remarks.

95 Camp street, New Orleans, Sept., 1854.

THE PREPARATION OF THE SUGAR OF MILK IN BAVARIA.

IN the portion of the Bavarian Alps known under the name of Allgan, where Alpine industrial economy is worthily carried on, excellent cheese is not only made, which equals the best kinds of Swiss cheese, but in a recent period milk-sugar has been also prepared there for medical purposes. The following is a description of the method by which the milk-sugar is manufactured. By means of rennet the caseine of the milk, heated to a certain temperature, is coagulated, and thus the cheese is obtained. For this purpose, either milk as it is (that is, such as still contains the butter), or such as has been churned to separate the butter, is taken. The latter affords less and poor cheese. From the former, the cheese is obtained fatty and good, in which the butter and cheese are intimately combined. Only a certain portion of butter remains behind in the residual liquid after the cheese has been separated. A little acid is mixed with the liquid, which causes the butter to separate and float on the surface as a scum, which is removed. The heating is continued, more acid added, and now a coagulum forms, which is skimmed off. From that which remains in the vessel, namely, the whey, the milk-sugar is made.

To purify the whey from accidental impurities, it is strained through a clean linen cloth into a well-tinned vessel, then boiled, and the scum constantly removed from its surface. Its evaporation is continued until when a spoonful of it is taken out, it does not pour away in fluid drops, but seems tenacious as a thin syrup. This mass is poured into a wooden vessel, and allowed to remain therein two or three days, by which it becomes thick, feels sandy, exhibits a brown color, and tastes sweet. This mass is now purified by means of fresh spring water, which is poured in rather large quantities into the vessels; the mass is often stirred and then allowed to remain quiet for some time until it is deposited on the bottom of the vessel. The dirty water is then poured off and fresh added, and the dirty water poured away from time to time until a fine white powder is obtained. The first water poured off may be used for fattening pigs, and the latter ones, which have rather a white color, and contain much milk-sugar dissolved, are evaporated as the whey. The white powder is milk-sugar, and must be converted into certain forms. It is thus crystallized. The pure white powder is dissolved in boiling

water, poured into a well-tinned vessel, and allowed to stand there for eleven to fourteen days. It forms fine crystalline sticks in the form of a cake. To obtain the crystals in the form of a sugar-loaf, wooden rods are introduced into the vessel, about which the milk-sugar crystallizes. After the time named, the sugar is taken out and dried, when it is fit for use.

The water remaining in the vessel is further evaporated, purified, and yields very fine milk-sugar, which is made into tablets by pouring moist powder on a wooden table covered with linen, allowing it to stand twelve hours, then cutting the mass into tablets and drying them.—*Annals of Pharmacy, from Buchner's Repertorium.*

CASE OF SOFTENING OF THE BRAIN—AUTOPSY.

Z. W——, a young man pursuing a somewhat sedentary life, of mixed temperament, and regular habits, was troubled for a long period with pain in the back of the head and neck. As he was not constantly under any one's care professionally, I have no means of ascertaining with accuracy all his symptoms. As nearly as I can ascertain, there were symptoms of gastric irritability to a considerable extent, such as vomiting, headache, &c. There was a gradual loss of health for many months, during which time he tried almost every kind of treatment, but adhered steadily to none. Whether this changeability was the result of mental disturbance and loss of force of thought, occasioned by the disease in the head, or was in consequence of unsettled opinions on medical subjects, I do not know; be this as it may, he was seen and prescribed for at different times by two regular physicians, by one or two homœopaths and by a Thomsonian. During the last few weeks of his life he had no medical adviser of any kind.

As the disease progressed, there supervened deafness of the left ear, and some disturbance of the nerves of the left side of the face. Various other troubles ensued, of which I could get no perfect account, from the fact that he had no professional adviser, and finally he expired.

At the autopsy, attention was first turned to the abdominal viscera on account of the disturbance they had seemed to undergo. The skin of the abdomen was natural and underlaid with a moderate layer of adipose tissue. The peritoneum was smooth, moist and healthy. The stomach and bowels exhibited no evidence of disease whatever, the only discolored portions being those changed by hypostatic congestion after death. The heart and lungs also proved perfectly healthy. The head was next examined, for which purpose the calvarium was removed. The scalp was found unusually vascular and gorged with liquid blood; the dura mater was pretty strongly adherent to the calvarium, and the arachnoid membrane spotted with patches of coagulated lymph. The veins of the pia mater were more gorged than usual, and the puncta vasculosa of the substance of the brain somewhat distinct but not very unusually so. On removing the dura mater with the scissors, about a tea-cupful of serum burst suddenly out of a rent in the posterior lobe of the

cerebrum. On tracing the rent forward, it led to the left lateral ventricle. The right one communicated with it, the septum lucidum being pretty much destroyed, or at least, on cautiously searching for it, only the merest remnants could be discovered; possibly it was broken after death by the pressure of fluid from the right ventricle at the moment the effusion in the left was so suddenly evacuated. On raising the floor of the lateral ventricles, the third ventricle was found distended with fluid, and the *iter e tertio ad quartum ventriculum* was as large as a pipe-stem. The cerebrum was now removed entirely down to the isthmus. On raising the cerebellum from its bed, the posterior part of both lobes, the left especially, was found disorganized by gray softening. About one quarter of the organ was reduced to a gray watery pulp: the fourth ventricle was distended with serum, which communicated with the contents of the third ventricle through the enlarged *iter e tertio*.

In considering this case, I was struck with the ambiguity of symptoms which proceed from disease in the brain. In this case the sympathetic affection of the stomach and bowels had been altogether more marked than the direct head symptoms, so far as I could learn them. Again—what an ambiguity as to the seat of disease in the brain, as indicated by paralysis in the distant portions of the body. Here an effusion may go on in the fourth ventricle, it passes the *iter e tertio* into the third ventricle, and if the observations of some anatomists be correct, will easily find a free road into the fifth and lateral ventricles. In all this long and tortuous range of chambers, who shall say what organ will first be paralyzed by the pressure of the fluid if it falls short of fatal coma, or if the effusion is perverted as well as excessive and becomes acrid or irritating, as would be the case in erysipelas; who shall predict what portion of the cerebral substance which is bathed by it, will first feel its influence? It is obvious that from the anatomy of the brain, the effects of effusion in or around it may be spent upon portions quite distant from the seat of most active disease, and that in cases where blindness, or paralysis of some portion of the muscular system occurs before death, the observation of the position of the inflamed part in the autopsy will not settle the question of its position in any other case that may present the same paralysis. Other sources of error, from the fact that effusion tends to remove evidence of congestion, are also to be considered, and are duly dwelt upon by writers, but I do not think the source of error which I have mentioned is sufficiently considered by those who examine these difficult cases.—*Peninsular Journal of Medicine.*

BIOGRAPHICAL NOTICE OF THE LATE DR. JOSIAH FOSTER FLAGG,
DENTIST, OF BOSTON.

[A BIOGRAPHICAL sketch of the late Dr. Josiah F. Flagg, of this city, appears in the last number of the *American Journal of Dental Science*, published at Baltimore. The article is inserted anonymously, but it is evidently from the pen of one intimately acquainted with the subject of his sketch. The name of Dr. F. has occasionally appeared, for a long

series of years, in the pages of this Journal, mostly as the writer of articles on the subject of Dentistry, in which branch of surgical practice he ranked among the leading ones in our city. It is proper, therefore, that an extended notice of his life should be presented to our readers. The sketch alluded to is copied entire, with the exception of a portion relating to the subject of homœopathy.—ED.]

Dr. Josiah Foster Flagg was born in Boston, January 11th, 1789. His father, Dr. Josiah Flagg, was long known as the "Boston dentist," as he was almost the only person who confined his whole attention to the profession—dentistry being at that time in its infancy.

Dr. F. was the eldest of the family. He received but an indifferent early education, but improved his few advantages so well, as to be prepared to enter as a student of medicine under the tutelage of Dr. J. C. Warren in 1811. The circumstances under which he commenced his studies were very discouraging, as he had but few friends, no pecuniary resources, and from various causes his prospects were indeed gloomy. He sustained himself under these trials with unflinching courage, and sought, by unwearied industry, to discharge with fidelity the heavy duties resting upon him.

Dr. Warren, in allusion to Dr. F., at this period, states that "he was well educated as a surgeon, having devoted a year more than usual to his preparatory studies." "He discovered, at an early period, great mechanical ingenuity and mental activity."

In 1813, he undertook, in connection with Dr. Warren, the publication of a work on "The Arteries;" the first of the kind ever published; as the custom had hitherto been to describe the larger arteries with but little more minuteness than the smaller. The engravings were the work of Dr. F.'s own hand, and were executed with such remarkable skill, as to elicit the highest encomiums from the best judges. The work had a great sale, and in a short time the edition was exhausted; a second was contemplated, but from some cause not issued. The book is now rare; but, for beauty and accuracy of design and execution, will compare most favorably with the best works of the present day. A few years afterwards he prepared for Dr. Warren, drawings for a publication called "Comparative Views of the Nervous System." Dr. W. says, "the representations" of the anatomy of the leech, lobster, oyster and centipede, were beautifully and accurately done, and would, I believe, do credit to any artist of the present day, for these were executed between thirty and forty years ago." "At an early period, he (Dr. F.) contrived various surgical instruments, particularly the bone forceps, which almost produced a revolution in the operative surgery of the bones. This was long before Liston's forceps, or any other that I know of."—(*Letter from Dr. J. C. Warren, February, 1854.*)

In 1821, Dr. F. published in the *New England Medical Journal*, Vol. X., page 38, a description of his improvements on Desault's apparatus for fracture of the thigh bone, with observations on the treatment, &c. This apparatus was introduced by Dr. W. into the Massachusetts General Hospital, and has been used in that and other institutions ever since, as the most perfect thing of the kind yet discovered.

After graduating in 1815, Dr. Flagg practised for some time in Uxbridge, Mass. ; but was persuaded by Drs. Warren and James Jackson to return to Boston, where he commenced the practice of dentistry. About this time he married Miss Mary Wait, daughter of Mr. T. B. Wait, of the well-known firm of Wait & Lilly, printers and publishers. This union proved a most happy one. Dr. F.'s business now increased so rapidly, that he was compelled to relinquish almost entirely the general practice of medicine, though his inclination still led him to continue the treatment of disease in its chronic forms. For a long period he was almost the only person in Boston who could, with propriety, be termed a "surgeon-dentist,"* as his contemporaries, Drs. Randall and Greenwood, confined their attention to mechanical dentistry, leaving to him the more difficult surgical department.

In the fall of 1833, Dr. F. commenced, in connection with Dr. N. C. Keep, the manufacture of mineral teeth. In a note on the subject, Dr. K. says, "Dr. Flagg and myself had felt the necessity of a more durable article than the hippopotamus, cow's or human teeth. Even French porcelain teeth, of which there was a large assortment, though incorruptible, were unsatisfactory, because unnatural. After careful examination, we concluded that as yet nothing had been produced adequate to the wants of the profession or the community.

"At that time there were several dentists, who made and used teeth called by various names, such as 'mineral-paste teeth,' 'composition-teeth,' 'metallic-teeth,' &c. Feeling confident that I understood the views of Dr. Flagg, and that he, as well as myself, would be willing to pay well for knowledge of any important improvement in our art, I made personal application to one of the above, offering to pay a reasonable portion of the expense the art had thus far cost to those initiated into its mysteries.

"The answer received was short—'I have got the art, and it shall live and die with me!' No greater stimulus than this rebuff was required by Dr. F. or myself, to incite us to renewed exertions, which, we determined, should not cease but with success at least equal to that of our rival. A charlatan made his appearance soon after, who professed to understand the whole subject. He exhibited a few specimens, but would not impart the great secret and practical demonstration, unless the very moderate sum of \$1000 was first secured.

"After devoting ourselves exclusively to this pretended instructor, day and night, for about six weeks, my own house having been set on fire, and that of Dr. F. narrowly escaping a similar fate, we concluded that it would be best to pay off our *humbug*. Availing ourselves of such general principles as we had obtained respecting the materials used by him, we began anew our career, for as yet we had not made a tooth which satisfied us. We received aid from our friends, the chemists, who prepared for us pure colors, and from mineralogists, who procured excellent feldspar. We planned our course on the principles of science, and kept careful records of our progress. Our success was greater than we ex-

* I have since learned that T. W. Parsons, M.D., was practising in Boston at that time.

pected. In the course of six months, we had the pleasure of knowing that we could make the best mineral teeth."

After this time Dr. F. continued his experiments in this department of his business, with untiring zeal, until a short period before his decease, never resting satisfied with his attainments, but ever striving to improve; his aim being to elevate every department of his profession to the extent of his ability.*

In 1844-5 he conceived the idea of drilling into the nerve-chamber, in order to prevent the ill consequences arising from filling over the exposed or diseased nerve. After testing the operation for between two and three years, he published the result of his observations in the Boston Medical and Surgical Journal, January 27, 1847, with drawings illustrating the mode of performance.

In 1846 Dr. F. became involved in the somewhat famous ether controversy, taking an early and decisive stand against the legality of patenting such a discovery, and that, as a patent medicine, it should be used by professors of the medical school in the Massachusetts General Hospital, in violation of a by-law of the Massachusetts Medical Society. Though severely censured in some quarters, for the course he took, the justness of his views was at length acknowledged, and subsequently Dr. Jackson freely gave the whole thing to the public.†

In 1839 Dr. F. became interested in the almost unknown doctrine, at that time, of homœopathy, and the decided stand he took in favor of the *new system*, cost him the friendship of some of his oldest and best friends. He was the first to introduce it to the notice of the Boston public, and to the last of his life was a firm believer in the truths of its tenets. * * * * *

The School of Design for Women, in Boston, was among the latest of his public efforts. It is founded on the plan of a similar one in Philadelphia. Having visited that school, and becoming interested in its object, he conceived the idea of establishing one in his native city, and had the satisfaction of living to see it placed on a firm basis, as the State has recognized its utility, and testified its approbation by an annual grant of \$1,500 for three years.

As one of the pioneers of dentistry, in this country, Dr. F. deserves especial consideration. He ever regarded dentistry as one of the noblest of the professions; and it is no wonder that he watched carefully, and censured freely, anything calculated to lower it in the eyes of the public.

He was eminently a *benevolent man*; not of that class who do good for the praise of men. He ever labored in a quiet, private way, to benefit those who required and deserved assistance; and many, now prosperous in life, can look back with the most grateful emotions to the time, when, poor and friendless, they found in "the good doctor" a friend ever ready to assist, with counsel and purse, their early struggles with the world.

Having tasted the bitter cup of poverty and disappointment, and

* Dr. F.'s forceps are too well known to require any description.

† For the details of this controversy, see the Boston Medical and Surgical Journal, of November 12th, December 2d, 9th, 16th, 23d, 30th, and the public prints of that time.

knowing by sad experience the trials of striving against hope, he could the more readily sympathize with those, who, placed in similar circumstances, needed some one to encourage and advise them. Although his kindness sometimes met with ungrateful returns, he continued unwearied in good works, and never permitted anything to shake his confidence in, nor weaken his benevolent regard for his fellow man.

Of remarkably bland, gentlemanly address, and easy of access, he won the confidence and esteem of all who knew him. His probity was proverbial, his moral character of the highest tone, and his views liberal and enlarged. Accustomed to the free expression of his opinions, he rebuked presumption and imposture wherever he found it; and as he would never praise unless the object were really worthy, neither would he suffer any personal consideration to affect his estimate of moral or professional worth.

His last illness was but the crisis of a chronic disease. For years he had suffered from that terror of professional men—dyspepsia; and within the last few years of his life, each season found him more feeble than the preceding. Originally of a delicate constitution, the close confinement and laborious duties of his profession increased the tendency to gastric difficulties year by year.

After suffering most intensely from a neuralgic affection of the stomach, for some months, and which finally increased to such a degree that not even the lightest nourishment could be borne, accompanied by extreme emaciation of body and depression of spirits, his strength yielded, and he “became immortal,” departing this life December 20th, 1853.

LEAD CISTERNS AND PIPES IN A SANITARY POINT OF VIEW.

BY ROBERT DUNDAS THOMSON, M.D., F.R.S.L., AND PROFESSOR OF CHEMISTRY IN ST. THOMAS'S HOSPITAL COLLEGE, LONDON.

[THE following are notes of evidence, in the case of the Loch Katrine Water Bill, before a recent committee of the House of Commons. The corporation of Glasgow are desirous of obtaining the pure water of that romantic lake for the supply of the inhabitants; but the plan was opposed, on the plea of its great purity, and consequent rapid action on lead. This objection has been shown, by the present and other evidence, to be visionary.]

Having been consulted on the subject of the supply of water to Glasgow, Gorbals, Dumfries, Kilmarnock, Stirling, London, Newcastle, Swindon, Liverpool, &c., and very extensively on the sanitary condition of waters, the subject of the action of water on lead has for many years been familiar to me, and I have had considerable opportunities of meeting with cases where paralysis had been produced by the action of lead on the human system. As far as I can ascertain from the experience of hospitals, the occurrence of disease from the corrosion of lead pipes is an exceptional circumstance, if it has ever occurred in these institutions, the general cause of affections from lead being occupation in white-lead manufactories.

Waters, from whatever source, appear to act on a freshly-polished surface of lead. Thus, I have found the water taken from the Thames, Clyde, Gorbals water-works, Kypes river, Paisley water-works, Givel river, sources in the neighborhood of Glasgow, to act on lead; the greatest amount of saline matter in these specimens being in that of the Thames, which contains about 22 grains of solid residue in the imperial gallon, while the Givel contains only about 7 grains. Again, I find the water from a well at St. Thomas's Hospital, London, to act very sensibly on a fresh surface of lead, although the solid constituents in the gallon amount to about 100 grains. This experiment is further corroborated by a circumstance in reference to a well, respecting which I was consulted several years ago in Glasgow. The wells of Glasgow, like all those of large cities, are known to be impure. They contain from 15 to 100 grains of salts in the imperial gallon, and yet, on one occasion, water was brought to me which had been pumped through a new lead pipe from a well in a garden, which contained a considerable quantity of oxide of lead diffused through it. I inferred that the oxide of lead was principally in suspension, from the fact that when the water was filtered through a single paper filter, no lead could be detected in the water when it had passed the paper; and it is a well-ascertained fact that water, contaminated with oxide of lead, is entirely freed from it by permeating a filter of sand. All these facts relate to lead possessing a bright surface. For lead, when allowed to remain in these waters for a few days, ceases to suffer appreciable corrosion; or, if the lead be removed from the water, exposed to the air and afterwards immersed, but an insignificant action, if any, can be detected.

Loch Katrine water I examined several years ago, when it was proposed to be introduced for the supply of Glasgow. I considered it then, as I do now, a water admirably adapted for domestic use, and I have not had my opinion in the slightest degree affected by the laboratory experiment exhibited on the committee's table, as I am convinced, from my acquaintance with the subject, that if the Loch Katrine supply had been introduced into Glasgow, nothing would have been heard of its influence on lead. I found it to contain about 2 grains of solid matter in the gallon, its main constituents being organic matter, common salt, sulphate and carbonate of lime.

When lead, with a clean, bright surface is introduced into it, the lead is rapidly acted on, and white scales of oxide fall to the bottom of the vessel in which the experiment is made. When such water with the suspended oxide of lead is passed through a double filter of paper, the oxide is detained on the filter, and little or none seems dissolved in the water which passes through the paper. Hence it would happen, that should any corrosion occur on the first use of new lead cisterns, the insoluble oxide will be deposited at the bottom of the cistern, and will only intermingle, in a trifling degree, with the contents of the cistern; while in old cisterns, or after the new cisterns have become tarnished, no action will occur. But to prevent any corrosion on first using the cisterns or pipes, the plan sometimes adopted at Tunbridge Wells might be had recourse to, of brushing over the fresh surfaces with a coating of lime. No

description of water could be purer or better fitted for a beverage, or for culinary purposes, than the water supplied by lead pipes to the Trosach's Hotel, at Loch Katrine, where I lately tasted it when inspecting the experiments made under the charge of the engineer, at the outfall of Loch Katrine.

To set the objections at rest which have been urged against the use of Loch Katrine water, I may detail an experiment on a sufficiently large scale of a parallel nature, which has been in action for forty years. About 1814, a plumber at Tunbridge Wells, introduced, at his own risk, a spring of water, by means of lead pipes and lead cisterns, into the houses of that place. A similar objection was taken to its use, as on the present occasion. Traces of lead were even detected in some places in that portion of the water in immediate contact with the new lead cisterns, but none in the body of the water, or in the water discharged from the cisterns. Specimens of this water were sent to London in 1815, and tested by Dr. Thomas Thomson, without his being able to detect a trace of lead. I have a letter in the hand-writing of the late Dr. Wollaston, dated 27th of December, 1815, in which he states that he could detect no lead in water sent to London from Tunbridge Wells. Traces were occasionally detected in the new cisterns, and, as I was assured by the late Dr. Thomson, only on the margins in contact with the lead, the largest quantity obtained being one grain in twenty gallons. Yet, from these incidental results, the water supplied to the village was condemned by the opponents of the scheme as *poisonous*. But the water still continues in use; the village has increased to a large town of 10,000 inhabitants; it is a popular place of resort for invalids; and after careful inquiry, I have not been able to discover among its residents even a suspicion of its contamination by lead. I examined the company's engineer, who was employed at the original works, and laid down many of the lead pipes and cisterns in his capacity, at that time, of plumber, and persons in the town, residents of about twenty years, who assured me that they had never heard the subject of danger to water from lead pipes mooted.

When bright lead is introduced into this water, it is acted on immediately. It contains between 3 and 4 grains of salts to the imperial gallon, and is, upon the whole, one of the purest waters which I have examined in reference to the supply to towns. In examining the reservoir in which the water is retained for the supply of the town, I observed a perforated plate of lead, through which the water passed to the iron conduit pipe, which was covered with a coating of oxide of lead, precisely similar to the coat lining the lead-pipes which I have seen brought from Inverness, a town with whose water supply I am well acquainted. The plate, I was told, had been in this position for six years. The deposit was therefore insoluble, or nearly so, in the water, and acted as a protective covering against any further action on the lead. Hence it would appear that this water, by its rapidly oxidating power on lead, furnishes with so much greater efficiency security against further corrosion. Perhaps no stronger fact could be adduced in proof of the perfect confidence of the inhabitants of Tunbridge Wells in the sanitary quality of

the water than that, of which I was assured by the engineer, the company is now paying an annual dividend of 10 per cent. The original spring introduced for supplying the village is situated at about the distance of a quarter of a mile to the south, and is emitted from the northern aspect of a declivity. Many years after it was in use, from the increase in the population, the supply was found to be inadequate to the demand, and another spring, about a mile distant in the same direction, but issuing on the southern declivity of the same ridge, was collected in a similar reservoir of brick, and pumped into the village reservoir, to mix with the waters of the first spring, which is conveyed to its destination by gravitation. The second spring I found to be more rapid and more extensive in its action on lead than the water of the first spring, which alone, as far as I could learn, had attracted any attention; and even the circumstances to which I have already referred were quite unknown to any person with whom I came in contact. Still more recently, a third spring, under different management, but of very soft water, and therefore with the corrosive qualities upon lead of the waters affording the previous supply, has been introduced into the town, with the universal approbation of the inhabitants, as far as regards its wholesomeness, purity and softness.

Irrespective, then, of the probability that the Loch Katrine water will lose much of its corrosive power by its contact with the various strata over which it must pass in the conduit, during its flow to Glasgow, I am of decided opinion that no more permanent danger is to be apprehended, in reference to health, from the transmission of the water through lead pipes, and detention in lead cisterns, than there is in the case of other waters supplied to towns. I may add, however, that I have always recommended the substitution of iron and other materials, as water-pipes, as much as possible, for lead; and, even where lead is employed, that it should be alloyed with tin.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 27, 1854.

Excessive Study in the Public Schools.—Our city prides itself on the superiority of its public schools; and we think Boston is justly entitled to take the highest rank among the cities of the civilized world, for the facilities afforded by its citizens for the education of youth. But notwithstanding the large expenditures of money for the erection of beautiful and commodious school-houses, for mathematical and other instruments, for teachers, &c., all which give a character to our Boston schools, there does exist an evil in the present system of educating children, which seriously demands attention, and, if possible, a remedy. It is the ambition of the teachers of our schools, to have their scholars thoroughly instructed, and that they may appear well before the committees at examinations; and for that purpose, lessons in great numbers, and requiring toilsome study, are imposed upon them. No discrimination is made, as regards the mental or physical capa-

city of the individual members of a class, but *all* are required to be perfect in their answers, or else they lose their position in the class and school. Not one fifth of the time devoted to school hours is allowed for study, being occupied in recitations; and the severe tasks the poor children have in getting their lessons, must be apparent, when it is known that so long a time is required in reciting them. The scholars of the second class, for instance, have to commit to memory from *twelve to twenty-five* pages of geography, three to six pages of arithmetic, the same of grammar, three pages in spelling, besides exercises in reading, writing, &c. Now these lessons must be studied out of school, at the time which should be devoted to exercise and recreation. The imposition of such severe tasks upon young and growing children, must enfeeble their constitutions, and often incapacitates them, if they arrive at maturity, for enjoying life. We have seen many children who were ambitious to accomplish all that was required of them by their teachers; and to do so, the greatest portion of the twenty-four hours was necessarily devoted to their books, scarcely allowing time for taking their meals. It must be obvious to every one, that such close application to study, produces, in their turn, a train of diseases which cannot always be eradicated. Aching heads, loss of appetite, sleepless nights, inflamed eyes, with other deviations from health, are the accompaniments and the consequences of this excessive mental exertion. It is our intention, in a future number, to enter more into detail in regard to the condition of the present school system in this city, so far as it has a tendency to impair health and abridge life in the young; but in the mean time it is hoped that our school committee will give the subject their attention, and correct the abuse complained of.

Attempted Expulsion of a Member of a Medical Society.—It is understood that quite an animated, if not an *exciting* discussion, took place at a meeting of one of the medical societies in this city, last week, in consequence of one of the members retaining his fellowship, when it was known that for a misdemeanor, some years since, he was sentenced to the State Prison, and had since served out his term there. It was contended by some of the members, that he could not legally have *any* privilege of membership; that he had forfeited it, with his loss of citizenship, as a convicted criminal. Another view of the case was taken by other members, and so the society adjourned without coming to any definite conclusion.

The Disappearance of Cholera in Boston.—There were but four fatal cases of cholera reported in this city during the last week. The temporary hospital on Fort Hill has been closed, and will shortly be removed by the board of health. At no time since its appearance in the early part of summer, has it assumed an epidemic character; yet many deaths have been caused by it, and we have great reason to be thankful that it has now left us. We predicted, at its commencement, that there need be no fear of its becoming epidemical, as the board of health were active and prompt in cleansing the city; and besides, our abundant supply of pure water would have a healthful influence by keeping the *sewers* clean.

The want of a suitable Building for the Massachusetts Medical Society.—It is understood that the government of this Society have had it in contemplation, for some time, to purchase or erect a building suitable for meetings,

for its library, &c. It is a good move, and we hope no narrow-minded policy, that would defeat such a desirable object, will be entertained. If a good building were purchased or erected in a central location, its Hall and smaller rooms could always be rented to a profit, when their use was not required by the Society. Besides, such a building would present evidence of its *existence*, and also have a tendency to perpetuate it, and thus secure the influence and usefulness that were originally designed by its projectors. Among the great attractions in European cities, are the many splendid public buildings. Almost every society abroad, of any importance, either own or rent a building, specially held for its use; and the adoption of such a practice, has consolidated and made them useful. Let us, then, adopt a similar plan, and hope for a like result.

Death of Dr. Swett, of New York.—We regret to learn the death of John A. Swett, M.D., of New York. It took place in that city, on the 18th inst. Dr. S. was only 46 years of age, and his removal, in the prime of life, will be a severe loss to the profession and the public. The New York Daily Times, in noticing his death, says,

“He was one of the brightest lights of the profession in this city, and was perhaps the best specimen we could point to of a man thoroughly wedded to the department of science which he cultivated. He was above all cliques, recognizing none of them in his treatment of his brethren. He was courteous in his demeanor to all—as kind to patients of the lowest degree as he was honest to the highest. For many years he has been recognized as an authority of the first standing, especially upon diseases of the chest, on which subject a volume of his, published some year or two since, has become a most valuable text-book.

“His private practice was extensive, but he was much more largely known through his connection with the City Hospital, to fill one of the most responsible offices in which, he was elected about the year 1842. His minute pathological examinations, and their comparison with the diseases illustrated thereby in the living, made him one of the most instructive lecturers that walked the wards of that famous Charity, and his clinical classes were always large.

“He held, too, at his death, an important professorship in the Medical Department of the University (the Fourteenth-street School). In that institution he lectured with great success on the Institutes and Practice of Medicine. It will be difficult to make up for his loss to the class now about mustering there for the winter course of lectures. The disease of which he died was that form of kidney complaint known as “Bright’s disease.” It is a long time since a more actively useful man, or one who will be more missed, has fallen among us. Resolutions have been passed by a meeting of the physicians and surgeons of the hospital. They notice feelingly the labors of their confrère and his contributions to medical literature. We are happy to see that Dr. John Watson, of the Hospital, has been appointed to prepare a memoir and address on his life and services.”

Suffolk District Medical Society.—The regular monthly meeting of this Society, for medical improvement, will be held at the rooms in Phillips Place, on Saturday evening, 30th inst., at 7½ o’clock. It is expected that Dr. Channing will deliver an address, or read a dissertation, on the occasion. A full and punctual attendance is desirable.

Arrest—Criminal Abortion.—Dr. Horace Stacey, of Court street, and Mrs. Robilla Worcester, of No. 37 Lowell street, Boston, were arrested last week on a warrant issued from the Police Court, charging them with being principal and accessory in causing the death of Mrs. Louisa M. Kimball, a married woman 25 years of age, of Bullard, Vt., in attempting to procure abortion. Mrs. Kimball died on Friday, the 15th inst., at the house of Mrs. Worcester, and Coroner Pratt was called to hold an inquest. In the Police Court the accused were ordered to give bail in the sum of \$10,000 for examination, and in default were committed to jail.

Medical Miscellany.—Dr. E. C. Rolfe, Professor of Obstetrics in the New England Female Medical College, has been appointed Professor of Physiology and Hygiene in the Tufts College—a newly-incorporated institution in this State.—Mary Ray, a squaw, and descendant of the ancient Mohican tribe of Indians, died in New York last week, at the age of 100 years.—Dr. Bartlett, formerly Mayor of Lowell, is represented to be very feeble in health.—Two hundred and fifty-eight persons died at Pittsburgh with cholera, in five days.—There have been 127 deaths at Charleston, S. C., of yellow fever, in one week.—Daniel Ames recently died, aged 100 years, 1 month and 10 days, at Montville, Conn.—The yellow fever continues to be fatally prevalent at Savannah, Augusta and New Orleans.—The smallpox is beginning to appear at various points in New England.—The Glen Haven, N. Y., Water Cure Establishment was destroyed by fire on the 13th inst. The patients (the papers say) *passed an unusual quantity of water*, and prevented the entire destruction of the building.

TO CORRESPONDENTS.—The following papers are on hand, and will receive early attention:—The continuation of Dr. Cartwright on the Sugar-house Cure of Consumption, of Dr. Cornell on Epilepsy, and Dr. Alcott on Mortality among Children; a translation from the French, respecting arsenic eaters; Dr. Mack on the use of Creosote and Morphine; and Dr. Rodger's essay on the Modus Operandi of Medicines.

PAMPHLETS RECEIVED.—“Diabetes Mellitus, an address read before the Rhode Island Medical Society, at their annual meeting, Providence, R. I., June 7th, 1854, by S. Clapp, M.D.” This is a well-written address, furnishing evidence of a careful research into the history, cause and best treatment of this disease.—“The annual announcement of the Kentucky School of Medicine, session of 1854–55.”—“Elkoplasty, or anaplasty applied to the treatment of old ulcers; also a new mode of treatment for delayed or non-union of fractured humerus. By Frank H. Hamilton, A.M., M.D., Professor of Surgery in the Medical Department of the University of Buffalo, &c.” Like everything else from Dr. Hamilton's scientific pen, this little brochure is marked by evidences of skill both in surgery and authorship.

MARRIED.—At Glen Falls, N. Y., Marvin R. Peck, M.D., to Marcia Louisa Bemis, of New York.—At Fryeburg, Me., Charles H. Dana, M.D., of Laporte, Pa., to Miss Jane Warren, of F.

DIED.—At New York, 13th inst., John A. Swett, M.D., aged 46.—At Rochester, N. H., Samuel Pray, M.D., 85.—At Dover, N. H., Abraham Burnham Sanders, M.D., recently of Charlestown, Mass., 28 years, 8 mos.—At Milford, Mass., Mrs. Emily K. Davis, M.D., 33.—At Bangor, Me., Dr. J. B. Fiske, an aged physician, who dropped dead in the street.—Dr. John C. Hatch, Kent, Conn., 62, drowned.

Deaths in Boston for the week ending Saturday noon, Sept. 23d. 88. Males, 41—females, 47. Abortion (criminal), 1—abscess, 2—accident, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 5—inflammation of the brain, 1—consumption, 11—convulsions, 2—cholera, 1—cholera infantum, 3—croup, 2—cancer, 1—dysentery, 11—diarrhœa, 1—dropsy, 1—dropsy in the head, 3—debility, 4—infantile diseases, 3—puerperal, 1—bilious fever, 1—typhoid fever, 6—hooping cough, 2—disease of the heart, 2—laryngitis, 1—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 2—marasmus, 2—palsy, 2—pleurisy, 1—teething, 3—thrush, 1—worms, 1.

Under 5 years, 41—between 5 and 20 years, 10—between 20 and 40 years, 18—between 40 and 60 years, 12—above 60 years, 7. Born in the United States, 55—Ireland, 27—British Provinces, 1—England, 2—Germany, 1—Spain, 1—Portugal, 1.

Veratria.—The use of this remedy, both internally and externally, in rheumatic and neuralgic affections, has been often advocated; and now it is recommended in the Glasgow Medical Journal as an external application in scrofulous affections of the joints, and in all chronic non-malignant swellings of the joints, but inadmissible in active inflammation, as it is supposed to be an excitant of nervous sensibility, and not an anodyne, as some have supposed. It appears to have been successful in the discussion of those indolent tumefactions, for which iodine is a more common application in this country. It is applied by an ointment in the proportion of five or ten grains to the ounce of lard, being first dissolved in alcohol. We have often used it with better effect in double this strength, and not unfrequently as dissolved in alcohol, ten or twenty grains to the ounce, which is preferred by many to the unguent, particularly when used about the face. Diseases caused or attended by a want of vigor, are those most likely to be benefited by veratria; but its effects are believed to be facilitated by its use internally in doses of one-eighth to one-sixth of a grain three or four times a day, after eating. In hydrops articuli and effusions from sprains, dislocations, scarlatina, and measles, and chronic inflammation of the bursæ and tendons, the topical application of veratria is very efficacious.—*Memphis Med. Rec.*

ALBANY MEDICAL COLLEGE.—Two full Courses of Lectures are delivered annually, continuing, each, *sixteen weeks*. Degrees are conferred at the close of each term. Fees for a single Course, \$60; for both Courses (payable in advance), \$100. Graduation fee, \$20.

The next Course commences on Tuesday, the 5th of September, 1854; the Spring Course, on the 3d Tuesday of February, 1855. Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Anatomy.
THOMAS HUN, M.D., Prof. of the Institutes of Medicine and Materia Medica.

AMOS DEAN, LL.D., Prof. of Medical Jurisprudence.

HOWARD TOWNSEND, M.D., Prof. of Obstetrics.
EZRA S. CARR, M.D., Prof. of Chemistry and Pharmacy. HOWARD TOWNSEND, Reg'r.

Albany, May 25, 1854. m 31—t Oct.

BALTIMORE COLLEGE OF DENTAL SURGERY.—The fifteenth regular session will commence on the first of November and close on the first of March.

CHAPIN A. HARRIS, M.D., Principles of Dental Surgery.

THOMAS E. BOND, M.D., Principles of Dental Medicine.

WASHINGTON R. HANDY, M.D., Anatomy and Physiology.

ALFRED A. BLANDY, M.D., Dental Practice.

PHILIP H. AUSTEN, M.D., Dental Mechanics.

REGINALD N. WRIGHT, M.D., Dental Chemistry.

The month of October will be devoted to Instruction in Practical Dentistry and Anatomical Dissections.

In the Infirmary attached to the College, the student will find ample opportunity for Dental Practice. It will be kept open throughout the year.

Tickets for the Lectures, \$10. Matriculation, \$3. Diploma, \$30. For further information address

P. H. AUSTEN, Dean, 76 Sharp st.
Sept. 20.—2t

CITY OF BOSTON.—City Physician's Office and Vaccine Institution, No. 21 Court Square.

Hour for Vaccination, from Twelve to One o'clock, daily. HENRY G. CLARK, City Physician.

Residence 95 Salem Street.

March 12—eoptl

UNIVERSITY OF LOUISVILLE—MEDICAL DEPARTMENT.—The Eighteenth annual Course of Lectures in this Department, will commence on the 30th of October next, and terminate on the last of February, under the following arrangement:

BENJAMIN R. PALMER, M.D., Prof. of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M.D., Prof. of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M.D., Prof. of the Principles and Practice of Surgery.

HENRY MILLER, M.D., Prof. of Obstetric Medicine.

LEWIS ROGERS, M.D., Prof. of Materia Medica and Therapeutics.

J. LAWRENCE SMITH, M.D., Prof. of Medical Chemistry and Toxicology.

AUSTIN FLINT, M.D., Prof. of the Theory and Practice of Medicine.

T. G. RICHARDSON, M.D., Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The fee for admittance to the Lectures of each Professor, is \$15 (105 in all, payable invariably in advance. Matriculation and Library fee together, \$5; Graduation fee, \$25; Practical Anatomy and Dissection (ticket to be taken at least once before graduation), \$10. Rooms open from 1st October.

A preliminary Course of Lectures will be delivered, without additional charge, during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.—Ticket (to be taken once before graduation), \$5.

A Clinique has been established in connection with the University, at which cases are examined, prescribed for and lectured upon in presence of the class.

Good boarding can be procured at \$3 a week.

L. P. YANDELL, M.D.,

Dean of the Faculty.

Louisville, Ky., June 14, 1854.

je 28—

RADICAL CURE OF HERNIA AND KINDRED DISEASES.—DR. HEATON continues to effect a radical cure of Hernia in all its forms (including not only reducible Hernia, but those cases heretofore considered irreducible), by his new method of treatment and operation, thereby rendering the use of trusses unnecessary. He also attends to the surgical treatment of Hemorrhoids, Prolapsus Recti, and Diseases of Females.

Patients from the country received, as hitherto, at his Infirmary, No. 40 Lincoln street. Office and residence, No. 2 Exeter Place, Boston.

Dec. 1.—eontf

FREDERICK HASLAM—Manufacturer of SURGICAL INSTRUMENTS, TRUSSES, SUPPORTERS, &c., No. 147 Washington street, Boston.

Inventor of the *Spermatorrhœa Ring and Glass Reflecting Speculum.* Nov. 9.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LI.

WEDNESDAY, OCTOBER 4, 1854.

No. 10.

ARSENIC-EATERS.

WE translate the following from the *Journal de Chimie Médicale, de Pharmacie, de Toxicologie*," &c., Paris, July, 1854, for the benefit of those who may feel an interest in the extraordinary accounts which have been disseminated concerning the people called arsenic-eaters. We doubt not the majority of our readers will agree with M. Chevallier, the intelligent editor of the Journal, that such improbable statements can only be believed when supported by better authority than the simple assertion of M. de Tschudi.

It has been made a subject of complaint that we have not spoken in our Journal of the *toxicophagi*, or *arsenic-eaters*. The facts reported have appeared to us so improbable, that we have put no faith in them; and our incredulity still persists. But since some of our readers ask for details, we think we cannot do better than give them an article published in the *Presse Médicale Belge*, of the 28th. We do not, however, advise them to experiment on this subject, for it is probable that something is wanting in France to enable us to become *toxicophagi*.

The *Journal de la Société des Sciences Médicales et Naturelles de Bruxelles* has just published an article of J. J. de Tschudi, which is really astonishing. Hitherto we have considered arsenic as one of the most active poisons, which could in no case agree with the digestive organs of man. Behold, an error, a great error! Men can eat arsenic; men *do* eat arsenic! Heaven knows where the appetite will stop if it is to be guided by the reports which this singular discovery has caused, and by the results which are attributed to this remarkable diet, for, it is said, young women regale themselves with it, out of coquetry, in order to render their complexions fresher and more rosy. It is enough to cast into the shade all the known specifics; the *eau de jouvence* can hardly sustain itself, its ancient reputation is so strongly threatened by arsenic. "But this is all an idle story," we shall be told. By no manner of means; read the following article, and say what you think of it.

On the Toxicophagi. By Dr. J. J. de TSCHUDI.

"Some may have lately read in a report of a trial which took place at Cilli, before a jury, in a very remarkable case of poisoning, in which

the defendant, Anne Alexander, was acquitted, that three witnesses for the prosecution were interrogated as to the point whether a certain Lieutenant Matthias Wurzel were a *toxicophagus* or not. This fact was not proved, and the only evidence, though unimportant, which might give probability to this supposition, was that of the first-lieutenant, M. J***, who testified that in the year 1828 he had found in Wurzel's desk a small box containing fragments of the size of a grain of maize, which could have been nothing else than white arsenic. The testimony of the two other witnesses was founded upon hearsay only.

"The toxicophagi being phenomena more or less unknown to the medical public, I have thought it my duty to publish some information and observations on this subject.

"In some of the countries of Lower Austria and Styria, especially in the mountains which separate them from Hungary, is found among the peasants the remarkable custom of eating arsenic. They purchase it under the name of *hedri* (*hedri, hedrich, huttegruoch*), of wandering herbalists and pedlars, who obtain it, in their turn, from the workmen in the Hungarian glass-houses, from cattle-doctors, charlatans, &c.

"The toxicophagi have two ends in view. In the first place, they desire to obtain by this dangerous practice an appearance of freshness and health, besides a certain amount of *embonpoint*. Young peasants of both sexes are consequently those who frequently have recourse to this expedient, through coquetry and the desire to please; and it is, in fact, surprising with what success they attain their end, for the young toxicophagi are especially distinguished by the freshness of their complexions and by an appearance of flourishing health.

"I will cite but a single example among many cases which have come to my knowledge. A girl who watched cows, healthy, but thin and pale, lived on a farm in the parish of H***. Having a lover whom she wished to attract more strongly by her charms, she resorted to this well-known method, and took arsenic several times a-week. The desired result was not long in appearing, and after a few months she became plump, chubby, in a word all that the swain could desire. In order to excel in these respects, she imprudently increased the dose, and fell a victim to her coquetry. She died poisoned, and her end was a painful one.

"The number of deaths from abuse of arsenic is not trifling, especially among young people. Every clergyman of those countries has known several victims, and the results of my inquiries among the pastors have been very curious. Either from fear of the law, which forbids the illegal possession of arsenic, or from an inward voice which reproaches them for their fault, the toxicophagi dissemble, as much as possible, the use of this dangerous remedy. It is commonly the confessional or the death-bed only, which removes the veil from the secret.

"The second advantage which the toxicophagi wish to attain, is to become more 'light,' that is to say, to facilitate respiration in mounting steep ascents. On every long excursion in the mountains they take a small piece of arsenic, which they allow to dissolve slowly in the mouth. The effect of this is surprising; they ascend heights which they could only mount with the greatest difficulty without this practice. I may add

here, that taking advantage of this hint, I have administered Fowler's solution with considerable success in cases of asthma.

"The quantity of arsenic, with which the toxicophagi commence, equals, according to the avowal of some of them, a little piece of the size of a lentil, which would make rather less than half a grain.* They stop at this dose, which they take several times a-week in the morning, fasting, for a considerable time, 'in order to get used to it'; then they increase the dose gradually, with precaution, according as the ordinary quantity loses its effect. A peasant, R***, of the commune Ag**, 60 years old, and enjoying very good health, now takes at each dose a piece of about four grains. It is more than forty years since he acquired this habit, which he inherited from his father, and which he will bequeath to his sons.

"It is well to note that no trace of arsenical cachexy is visible in this individual, nor in many other toxicophagi; that the symptoms of arsenical poisoning never appear in those who know how to apportion the dose, sometimes very considerable, of the poison, to their constitution and tolerance. We must also remark that the suspension of the use of arsenic, either from inability to obtain the article, or because the individuals abstain from the arsenious acid from some other reason, is always followed by morbid phenomena, which resemble those produced by arsenical intoxication to a feeble degree. Thus, we observe much general uneasiness, with great indifference for everything around the patient, anxiety, disturbance of digestion, loss of appetite, a sensation of fullness at the stomach, vomiting of a glairy fluid in the morning, with ptyalism, pyrosis, spasmodic constriction of the pharynx, spasmodic pain, constipation, and especially embarrassment of the respiration. For all these phenomena there is but one effectual remedy, the immediate return to the use of arsenic. According to the most exact information obtained from the inhabitants of these districts, arsenic-eating never degenerates into a passion, like, for example, opium-eating in the East, the use of the betel in India and Polynesia, or of the loca in Peru; it becomes rather a necessity to those who addict themselves to it.

"The employment of arsenic by these people finds its parallel in that of corrosive sublimate in other countries. I will merely allude to the well-known case, confirmed by the English ambassador in Turkey, of an opium-eater at Brussa, who swallowed daily along with his opium the enormous quantity of forty grains of corrosive sublimate. In the mountains of Peru I have frequently met with similar individuals; and in Bolivia, the employment of this drug exists to such an extent that it is openly sold to the Indians in the provision market!

"It is needless to call attention to the extensive use of arsenic even at Vienna, especially among the grooms and coachmen of the mansions of the great. They mix a good pinch of the powder with oats; or, attaching to the bridle a fragment of the size of a pea, wrapped in linen, when the horse is harnessed, the saliva dissolves the poison. The glossy, round, and elegant appearance of valuable horses, and especially

* This calculation is not exact.

the white foam from the mouth, are generally due to arsenic, which, as is well known, increases salivation. The teamsters in mountainous countries frequently add a dose of arsenic to the fodder which they give to their horses before a laborious ascent. The jockeys often make use of small shot for broken-winded horses which they are carrying to market. It appears that the invariable effect of this manœuvre, an effect which lasts several days, is owing solely to the arsenic which the shot contain. In the manufacture of these projectiles, one per cent. of white and yellow arsenic is added to the lead, to render the mass more fluid and apt to assume a spherical form. The quantity of arsenic found in the possession of these grooms is often very considerable, and their carelessness most culpable.

"R***, a brewer at A***, placed in the hands of M. B. Sch***, a piece of arsenic weighing three quarters of a pound, which he found in the trunk of his servant. Last winter a peasant poisoned himself in my neighborhood with a piece of arsenic of the size of a pear, which he pulverized and swallowed in water. He expired half an hour afterwards.

"This practice may continue for years without accident; but as soon as the horse passes into the hands of a master who does not employ arsenic, he becomes thin and wan, loses his spirits, and in spite of the most abundant nourishment, the animal never recovers his former external appearance.

"These remarks on the toxicophagi, hastily sketched, may serve to show how useful it is to physicians and legal gentlemen to be aware of this wide-spread abuse in certain districts of the Austrian monarchy. The judicial proceedings alluded to at the commencement of this article, did not render it evident whether M. Wurzel were an arsenic-eater or not, but it is allowable to believe that he was. If the autopsy and chemical investigations had not been made with unpardonable negligence; if the defendant (gifted with rare intelligence) had been embarrassed by the reiterated interrogatories to which she was subjected, and had been surprised into contradictory or inaccurate statements, it is probable that the verdict of the jury would have been less favorable to Anne Alexander, in spite of her innocence."

On the Toxicophagi. By Dr. TSCHUDI. (*Wiener Medizinische Wochenschrift*, No. 1, 1853.)

"The immense interest excited by my communications on the toxicophagi in the 28th number of the first year of this Journal, induced me to devote, during the period of a year, my whole attention to this fact, so interesting in a medical and legal point of view, and which, if not denied, has been at least doubted by several English journals. I have been able, during this time, to confirm perfectly my former statements, and to increase them by nearly identical examples. One of the most inveterate arsenic-eaters, who at first, as usual, denied most obstinately making use personally of arsenic, in the end made the fullest avowal, and told me that he had taken his dose of arsenic with great regularity from his 27th year to the age of 63, several times (eight to

ten) per month, at the time of new moon. He began with a small fragment of the size of a flax-seed, and during many years did not go beyond a dose of which he indicated the amount by a little bit of charcoal. I took the trouble to weigh a piece of Hungarian arsenic of the same dimensions; the weight was between three and four grains. When I asked him why he had never increased the quantity, he replied that he had not dared to do so, having been made ill by it some years previously. At that time he took, while intoxicated, a larger quantity, which occasioned violent colic, a burning pain in the throat, griping at the stomach, &c. The reason why he has abstained from arsenic for nearly two years is the death of one of his friends, also an arsenic-eater, who died of a dropsy, and who had suffered much. He thought this was owing to the arsenic, and dreading a similar fate, had not taken the 'hidri' since, although this abstinence caused him much inconvenience.

"Since this man has ceased taking arsenic, he is frequently subject to violent gastrodynia. During all the time that he was addicted to it, he was ill only once, of a pneumonia. A circumstance worthy of remark was the immunity which this individual enjoyed from the itch, at a time when every individual in the house, with whom he lived in uninterrupted contact, was attacked by it. According to an approximate calculation, this man took, during thirty-five years, from twenty to twenty-two ounces of arsenic; and yet this frightful quantity of one of the most violent of the metallic poisons, produced no considerable alteration of the health, if we except a certain thickness and roughness of the voice, which moreover was more marked a few years ago. This phenomenon is very general among the arsenic-eaters.

"I subjoin here an extract from a letter of a clergyman, A*** de M***, who reports concerning this fact—"The information I have obtained shows that the individual in question carefully concealed his secret from every one; it was generally said, however, that it was a case of arsenic-eating. This man is 55 years old, appears in very good health, is strong, and has never been seriously ill, but he is always *hoarse*. He conceals the use of arsenic through fear of encountering the rigor of the law by the possession and employment of this poison. He would find himself deprived of a remedy indispensable to his health, and would be unable to obtain it. It is said that he increases the dose at the new moon, and diminishes it as she wanes.

"The manner of taking the arsenic varies much with different toxicophagi. Some take their dose all at once, allowing it to dissolve slowly in the mouth, and on an empty stomach. Others reduce it to powder, and sprinkle it on bread, or on a small lump of fresh lard. Most of them observe the lunar phases, which play so important a part in popular therapeutics, and suspend, or considerably diminish the quantity of arsenic towards the end of the moon. Those who use it to facilitate the mounting of ascents, take it at the moment of starting, without regard to the lunar period.

"I cannot refrain from alluding here to an attempt at poisoning which was reported in several journals, if I mistake not, towards the end of 1852, or the beginning of 1853.

"A domestic at a country seat in the north of France, desired to rid himself of a superintendence which he found too severe. For this purpose he mixed arsenic with the food of the lady for a considerable length of time, hoping to be able to avoid every suspicion of murder by the slow operation of the poison and of the symptoms which resulted from it. To his great astonishment, he beheld the lady gaining visibly for several months in flesh, appearance and spirits. Perceiving that the small doses produced a contrary effect to that which he desired, he mixed a much larger quantity with some fricasee chicken. The violence of the symptoms speedily produced by this dish led to the discovery of the attempt at poisoning, and of its author, who was arrested. In this case we see the same phenomena presented by the toxicophagi of our countries.

"At the time of my first communications on this subject, I was acquainted with arsenic-eating only in a small district of Lower Austria and Styria; since then I have received communications from other and highly-respectable sources, from which it appears that the use of this poison is pretty generally spread in the mountains of Austria, of Styria, and especially at Salzburg, and in the Tyrol, among the charnois-hunters. M. Schneider, in his work on "*Chimie Légale* (pp. 169, 1851), speaks of this, and refers to the large doses of arsenic prescribed by some physicians without evil effects. While this article was in the printer's hands, the following very interesting communication reached me from a friendly and highly-respectable source:—M. F*** St***, director of the arsenic mines belonging to a wholesale druggist, M. F. S., at M***kl, in L**au, has taken every morning for many years, a small pinch (as much as the point of a knife will hold) of powdered arsenic, to preserve himself against the pernicious effects of the manufacture of arsenic. This gentleman sent to a distinguished physician of the place one of these pinches, which he takes openly, and this quantity weighed three and three quarters grains. Consequently he ingests daily from three to four grains of arsenic, and he enjoys excellent health. It is said that he furnishes his workmen with a system of rules on the manner of using arsenic as a prophylactic against the injurious effects of the mining of this poison.

Let us now pass to animals. Horses are those to which arsenic is most generally given. I have already explained the object of this practice, and I will complete my communication by describing the mode of proceeding. Every groom has a different way, but each adheres rigorously to his method once chosen; and all agree on this point, that arsenic ought to be administered to horses only at the new moon. Some give it daily at this time, in the dose of three or four grains. Others administer it until full moon, two days at a time, suspending it during two days, and then increasing the quantity the next two days. During these intervals they give the animals, once a week, an aloetic purgative. These people observe rigorously the rule to give arsenic to horses only after giving them food and water. A piece of bread serves as vehicle for the arsenical powder. If the animal is to take the arsenic while in use, a piece is wrapped up in linen, or some of the powder is scattered on lard also enveloped in linen, and the whole is attached to the bit or bridle.

It appears that a part of the poison is eliminated with the excrements, for it is often noticed that chickens die after eating the oats contained in dung of horses subjected to an arsenical regimen. The grooms pretend that arsenic is an infallible preventive against the colic of horses fed on rye, which is well known to predispose to this affection.

"The use of arsenic for horned cattle is less frequent; it is only given to oxen and calves intended for fattening. The precautions respecting the lunar phases above described, are equally observed, and the arsenical powder is given to the animal with oat meal mixed with chopped straw, and infused in warm water. The effect is very surprising as to the increase in the size of the animal, but he does not gain proportionably in weight. For this reason the butchers rarely buy cattle fattened in this manner by the eye, for the real weight is inferior to that which might be inferred from the appearance. It is needless to remark that this process is only employed for cattle intended for fattening, and never for draught animals. In Styria, as well as in Austria, there are farmers who, on account of this practice, are known by the name of *hidri-bauer* (arsenic-peasants). Arsenic is often given in small doses to hogs, especially when beginning to fatten them; a dose of the sulphuret of antimony is also sometimes given daily. It has been found that the *purified* sulphuret of antimony (*antimonium sulphuratum nigrum levigatum*), such as is prepared by the druggists, is inert, and that it is only the wholesale article which exerts its known effect. This may be owing to the not insignificant quantity of sulphuret of arsenic usually contained in the latter article.

"It will be seen that the employment of arsenic with animals is subject to the same rules observed by the toxicophagi themselves. It would not be uninteresting to know whether the beneficial effects of small doses of this poison observed in animals has led to experiments on the human subject, or *vice versa*, if this practice passed from the province of human therapeutics to that of animals."

Note by the Editor.—It is to be wished that scientific men living in the localities where the *arsenic-eaters* are said to be found, would confirm or deny the facts advanced by M. Tschudi. A. CHEVALLIER.

THE SUGAR-HOUSE CURE FOR BRONCHIAL, DYSPEPTIC AND CONSUMPTIVE COMPLAINTS.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS.

Cane-juice kills *Animalcules*—Its vapor respired promotes Nutrition and the cure of Bronchial and Consumptive Complaints—The Case of the Pale Man—Cautions against expecting too much or too little.

AN article, lately forwarded to the Boston Medical and Surgical Journal,* closed with an argument in favor of the direct application of the ferment called *dunder* (the elements of which are contained in the vapor of boiling cane-juice) to the mucous membrane of the air-passages, soft-

* See No. 8 of the present volume.

ened or thickened in bronchial and consumptive affections, drawn from the analogy of the good effects of the ferment, called *yeast*, in certain morbid conditions of the mucous lining of the alimentary canal, occurring in some forms of typhus and typhoid diseases. It was mentioned, however, that analytical reasoning was not a safe guide in therapeutics, and some higher evidence of the virtues of the sugar-house remedy was promised. It may be well to premise, that the alcoholic liquor known as rum, is obtained from sugar alone; the ferment called *dunder*, being an aromatic substance obtained from the skimmings of boiling cane-juice; "which is," says Mr. Wray, "only necessary to assist in the decomposition of the sugar in its metamorphosis into rum."—(Practical Sugar Planter, by Leonard Wray, Esq., page 397. London: Smith, Elder & Co., 1848.) Dr. Thompson, in his Clinical Lectures on Consumption (page 55, Philadelphia, Lindsay & Blakiston, 1854), speaking of the ferment called yeast, says:—"It often gives relief as a gargle to the sore throat of scarlatina; and its remarkable power of separating sugar from its combinations, and altering its character, might lead us to anticipate its possessing properties competent to influence favorably the digestive process," &c. But the ferment called *dunder*, is not the only substance inhaled in the vapor arising from boiling cane-juice. Areqin, a French chemist, of New Orleans, whom Liebig, Dumas and Gerhardt quote in their works as the very highest authority in the analysis of cane-juice, has discovered a peculiar principle in that liquor, which he calls *cerosie*. He says it is an unique natural alcohol, and presents the only instance known in nature of an alcoholic substance being produced without artificial agency. The new and wonderful science of optical chemistry proves that one of the chief constituents of the liquor in the clarifiers, from which the fragrant, saccharine vapor arises, has the power to rotate the plane of polarization of polarized light 100 degrees to the right. It requires nothing but credulity to believe in spirit-rapping and table-turning. Something more is required to understand the beautiful and wonderful phenomena revealed by optical chemistry. They should be understood before it can be expected that strong minds, bolted and doubly barred against humbugs, will receive the truth in regard to the virtues of the inhalation of the vapor of boiling cane-juice in bronchial, dyspeptic and consumptive complaints. It is all right that the door of the temple of science should be locked against alleged facts, contrary to reason and analogy, as those of homœopathy, &c., the admission of which would ignore better-established facts and crowd all others out; but it is a narrow prejudice which would exclude, without examination, new facts brought to light by the inductive philosophy, that so far from being in opposition to other long-received and well-established facts, confirm, harmonize and explain them more fully.

According to the experiments of Carminati (*Opus Therap.*), confirmed by Magendie, the essential salt of cane-juice destroys such cold-blooded animals as toads and lizards, whether applied externally or given internally. There are also many conflicting facts in regard to the virtues of sugar—some proving that it breeds worms, causes scurvy and injures the teeth; others, that it destroys worms, cures scurvy and whitens

the teeth. These facts are reconciled by the discovery of the two kinds of sugar—the *dextrogyrate* and the *levogyrate*. I took an alligator to the chemical laboratory, requesting Mr. Riddell to try if the respiration of carbonic acid gas would kill it. After trying the gas upon it for a good part of the day, it was brought back as lively and vigorous as ever. It was thought that owing to the size of the animal, the vessel it was put into might have contained a small portion of atmospheric air. I then gave it some pure dextrogyrate sugar from the plantation of P. M. Lapice, Esq., being some of the same parcel which was made *by first process*, and rotated 100 degrees to the right. Also a solution of it was smeared over its body. This was in the evening. The next morning the alligator was found perfectly dead.

About this time Prof. Riddell was busily engaged in looking into a new world, invisible to the naked eye, through his powerful microscope. The sediment taken from the gutters, was found to be alive with rotifera and various other hideous-looking animalculæ. The most numerous among them was a species of the *Euchlanis* and the *Leucophrys patula*, described by Prichard in his “Infusorial animalcules, London, 1852.” They briskly moved through an algoid substance, called by the professor *ocillaria*. He fed them with various matters, such as carmine, which they devoured with the same rapacity that hungry, ravenous beasts, in the visible world, devour their food. He fed them on human blood, which they gobbled down with a keen relish. At length I handed to the professor a stock of mature cane, just cut from the field of a sugar plantation. He squeezed some juice out of it, and put a speck into the nidus of these ravenous animals. It killed the whole of them as quick as lightning. Young Riddell, a smart boy about 12 years of age, suggested to his father, the professor, to try to bring them to life by the same means that he had brought others to life killed with chloroform. He tried, but could not bring them to life. They were dead. Among them was a non-descript animalcule resembling a tape-worm. It did not die instantly as the others did, but all its joints came apart, and in a few seconds every joint was dead.

There was then lying in Toulouse street, in the heart of the French part of New Orleans, an exile from la belle France, whom the auscultators of Paris, headed by Louis, had banished from his country at the age of 23. The sea voyage, change of climate and success in business, averted the disease of the lungs for which he had been banished. A number of years passed away in the enjoyment of health. But at length, in the year 1852, after he had accumulated a competency, and the stimulus of necessity was withdrawn, the lung disease returned with redoubled violence, and soon disqualified him for business of all kinds, and confined him within doors, coughing and expectorating his life away. Racked with pain and burning with hectic, he left the inland town in which he had been residing, came to New Orleans, and took rooms on Toulouse street, to die, as his friends thought, among the French people. His friends converted his effects into cash. His disease had made such progress, that opium, aconite, prussic acid, and such things, were regarded as the only remedies that could palliate his sufferings. For seve-

ral long months he had been confined to his room. On his removal to the city he consulted me. I had just despatched my first article on the sugar-house cure to Boston—and endeavored to prevail on him to try the sugar-house remedy. I did not regard his case in the same unfavorable light that others did, whose opinions are entitled to respect. Although there was some purulent expectoration, yet the copious quantities of mucous, viscid matter expectorated, indicated that bronchitis had more to do with the complaint than tubercular softening. The loud sounds from the abundant mucus, thrown off by the relaxed lining of the air-passages into the dilated bronchial tubes, did not frighten me at all. Nor did the hectic fever and sweats. These are small matters when not caused by tubercular softening, organic lesions, or cavities in the lungs. Convinced by a careful examination of his case that there was no great or irreparable lesion of the pulmonary substance, but that the chief difficulty consisted in an imperfect hæmatisis, owing to the cells and smaller air-tubes being obstructed with a tenacious mucous exudation, and that the throat affection, as well as the softened state of the mucous membranes, were effects of the mal-assimilation of the blood, from defective hæmatisis, the sugar-house cure was strongly urged upon him. All his French friends seemed to be armed against it. "It would bring on diarrhœa." "It would sweat him to death." "He would catch his death of cold, if he were to leave his comfortable quarters to encounter the discomforts of a sugar-house." "Where was the authority of the American doctor for advising such a measure?" Alas! he had none; not even among his own countrymen, the American physicians up town. Not one of them believed in the sugar-house cure. "If there were anything in it, it would have been discovered before." *It had been discovered before!* The sugar-makers, overseers and planters, of observation, had discovered it before. The lean, dyspeptic, coughing adults, and wormy, scrofulous and emaciated children, have been repeatedly sent into the sugar-houses, by intelligent planters and overseers, during the rolling season or cane harvest. Those among them, able to work, were always put over the kettles to skim the boiling cane-juice. They were observed to get well and fat. But these facts had not found their way into medical books, and hence were passed unnoticed by the profession. They had not got to London or Paris, and nothing can be valuable in science, according to some, which has not got the London or Parisian stamp on it. After having despaired of getting the Toulouse patient into a sugar-house, I witnessed the above-mentioned experiment on the animalcules. Filled with enthusiasm sufficient to conquer obstacles, I went to Toulouse street, and quickly overcoming all opposition, I had the patient in a sugar-house in a very short time thereafter. In sending him to a sugar-house, I sent him to one of the very best—to Mr. Lapice's plantation, in the Parish of St. James, where sugar is made by "*the first process*," on the very day the canes are cut down. Time passed by, and at length, on the 2d of June, 1853, Dr. Dowler called and inquired of me who that "*pale man*" was, who was present the day before at the vivisection of the four alligators? As several pale-looking physicians were present, I inquired which one he meant?

"The one," he replied, "who made several important suggestions while the experiments were going on, was perfectly at home in anatomy, and well posted up in the very latest physiological researches of the savans of Europe. He speaks English with an accent. Where did he come from?" From Lapice's sugar-house, Parish of St. James, Louisiana, was the reply. He went to the sugar-house from Toulouse st., where his friends, in the autumn of 1852, had prepared rooms for him, and had made arrangements for the supposed dying man to have every comfort and consolation that this city could afford, and at the same time to be in a part of it where his native French is chiefly spoken. The auscultators had banished him from Paris, his native city, and I banished him to a sugar-house. Three months or more before coming to Toulouse street, he had been confined to his house and disqualified for all business by reason of the chest affection, and the cough, fever, debility and emaciation that attended it. Since the vivisection of the four alligators upwards of fifteen months ago, "*the pale man*" has been actively engaged in the practice of medicine in town and country, in the enjoyment of pretty good health, with the exception of an attack of yellow fever which he passed through without detriment to his constitution. Dr. Chapellier, of Natchez, would scarcely be recognized, in 1854, as the pale, emaciated patient of Toulouse st., with the church-yard cough, in the year 1852.

Other remedies, of course, were used in the treatment of his case, but the inhalation of the vapor from the boiling cane-juice was evidently worth more than the whole of them put together. It let in the air to the air-cells of the lungs by disembarassing the bronchial tubes of the viscid mucus, which shut it out. It removed the pathological condition of the lining membrane of those tubes, consisting of softening and thickening, on which the abnormal secretion of mucus depended. That it did so, is inferred from its speedy effect in giving strength to the voice. It put flesh on the patient's bones by virtue of the physiological relation, much overlooked, between the functions of assimilation, nutrition and *respiration*; perhaps also by the direct absorption of the nutritious matter, contained in the vapor, into the nutritive fluids of the body.

There are many facts to show that persons, respiring the saccharine vapor from boiling cane-juice, gain flesh and lose much of their appetite at the same time. Mr. M., from Wetumpka, Al., mentioned in the author's last article, as shown to Prof. Riddell and others, is an instance. In that article Mr. Wray, by mistake, was incorrectly quoted as attributing fattening qualities to the vapor. In the "*Practical Sugar Planter*," page 21, chap. xi., "*On the Cane plant*," speaking of its essential salt, Mr. Wray says, "Its nutritious and fattening qualities are abundantly shown on every sugar-estate in the world; however, as this admits of no doubt, I need not dwell on so clear a fact." In the author's first article, he showed that it could not be the sugar or essential constituent of the cane-juice which fattened; because it is only on sugar-estates that it is observed, and only on *them* during the rolling season, and moreover only *among* that class of persons on the sugar-estates breathing the vapor. It has now been two years since this subject was brought before the

regular medical profession through an old and well-established Medical Journal. The author's humble contributions to science have attracted more attention from the faculty, and have been more favorably noticed by medical writers and the organs of the profession, than he had any reason to hope or expect; and, with two or three exceptions, they have done him more than justice. His sugar-house remedy is one of the exceptions—the public press having nearly killed it with kindness, and given it a notoriety causing the faculty to regard it as a humbug. The proofs, that inhaling the vapor of boiling cane-juice or something or other in a sugar-house, during the rolling season, fattens, are overwhelming and convincing. It is not the voice of London, or Paris, changing its tones as fashion changes, and often contradicting itself, that is speaking; but Nature herself, uttering the same voice, and declaring the same fact through the lapse of ages, throughout the entire sugar region of the eastern and western continent. To that voice, the highest of all authority, the humble author, seeking nothing and fearing nothing, has invoked the profession to listen. It tells of something most important to the physiologist, and which may be—nay which has been found to be,—highly useful in the treatment of bronchial, dyspeptic and consumptive complaints. If the inhalation of the vapor could only cure one case in an hundred that could not be cured without it, it would be worth the attention of the profession. Yet scarcely any of the regular faculty have noticed it. The editors of the various medical journals have quietly sat by and seen garbled quotations and misrepresentations of the original paper on the sugar-house remedy, going the rounds of the newspapers, in Europe and America, without any attempt to correct them. The consequence is, that many unfortunate individuals, in the last and hopeless stage of consumption, with large cavities in the lungs, have been, and may yet be attracted into the sugar-houses, under the mistaken belief, gathered from abstracts and notices in the public press, uncontradicted by the medical journals, that the author has recommended the inhalation of the vapor of boiling cane-juice as a sure cure for consumption, regardless of its stage. Whereas he has recommended no such thing. The author's article on cholera shared the same fate. Scarcely any of the medical journals noticed it at all, and their readers, the physicians, were mostly left to form their opinions of that paper, as the one on the sugar-house vapor, from what they saw in the public press; and the author has grounds to believe that many of them, seeing so much said in the newspapers, and nothing in the regular organs of the profession, have been so far misled as to do him the injustice to suppose that he has been writing articles in the newspapers to instruct the public how to cure themselves of cholera, consumption, &c., without the aid of physicians. Whereas, the truth is that he has addressed himself all the time to the physicians, through their regular organs, and not to the public through the daily papers. It is true that an essay on the cholera, written for a medical journal, but being too late, was published at his own expense, in pamphlet form, expressly stating that it was *addressed not to sophomores or pretenders, but to intelligent and well-read members of the profession,* and also instructions to planters what medicines to provide themselves with,

how to prepare and preserve them from injury, and how to use them in cases of emergency until a physician could be had. There is nothing unprofessional in this, because in the South-west the planters are their own apothecaries, and depend upon their physicians to give them instructions what medicines to get, how to compound and divide the same into doses, and what to do in cases of emergency. Physicians do not furnish the medicine or carry it with them, as in country practice elsewhere, but each plantation is provided with its own apothecary shop on a larger or smaller scale, and a person to put up and prepare the medicine under the physician's instructions. The author exercised the right of consulting Hippocrates and the great fathers of medical science, and on their authority restored to the plantation apothecary shops a family of plants, which the Edinburgh physicians, about a century ago, had, in a great degree, excluded from regular practice, in consequence of their experience having found them to be too exciting for the hot, inflammatory diseases of that high latitude; but their experience did not ignore the experience of the regular medical profession of the preceding two thousand years—declaring the *piper longum* and the *piper nigrum* to be valuable therapeutic agents in the cold, congestive diseases of countries further South. The Edinburgh school had no more right to *reform medicine* by excluding those aromatic stimulants, derived from the pepper family of plants, from regular practice, than the botanical school to exclude mineral medicines. Standing on the eternal rock of this self-evident truth, the author has no apology to make for his use of strong aromatic stimulants in full doses, or for combining them with camphor and calomel, in the first stage of cholera, before the vital forces have become too much impaired for a salutary revulsion to be made to the surface. But he has an explanation to make to the profession how it happened, that a method of treatment, which in his hands and many others, has proved far more successful than any other in preventing mortality from cholera, should have fallen into discredit with so many intelligent physicians.

Some years ago, during the cholera excitement, a letter from the pen of the Hon. Robert J. Walker, then Secretary of the Treasury, was published in New York, detailing his recollection of the author's treatment of that disease, as witnessed by himself. The remarkable and wonderful success, truly attributed to it by a prominent member of the cabinet, caused it to be used in the first cases of collapse cholera that occurred in New York and many other places. The great error was in using it in collapse at all. It was not in collapse or the last stages that the Hon. Secretary had witnessed its wonderful effects, but in preventing collapse—by its being resorted to in the very first stage of the painless diarrhœa, so apt to run into the hopeless, pulseless stage, unless arrested by timely and efficient means to make a revulsion to the surface. It forthwith fell into disrepute, because it did not come up to the extravagant expectations of those who resorted to it in the blue, pulseless cholera; a stage of the disease in which the author himself never relied upon it. In the last stages of that, as in other diseases, *no powerfully perturbing method of treatment is admissible*. It does no good, and often hastens the fatal catastrophe. The author tried to correct the error, that

newspaper versions of his opinions and practice in cholera had led to, but it was too late. What he said was not heeded, but what others, misunderstanding him, had said.

The author has never recommended the sugar-house remedy as a cure for consumption in its last and hopeless stages; but newspaper misrepresentations and incorrect abridgements, altering the sense more or less of what he did say, have done it for him, and will assuredly bring the sugar-house cure for bronchial, dyspeptic and consumptive complaints into disrepute unless timely corrected. The precise limit of the efficacy of the inhalation of the vapor of boiling cane-juice, in opening the obstructed bronchial tubes and in influencing favorably their mucous lining, is not yet ascertained; but that it possesses some remarkable virtues in this respect, there is much good evidence to prove.

The strong-minded woman from Boston, in a sugar-house, with bronchitis, and other ills, comes next.

Canal st., New Orleans, Sept. 7, 1854.

CREOSOTE AND MORPHINE.

[Communicated for the Boston Medical and Surgical Journal.]

SEEING in the Journal for August 23d, a communication from Dr. Williams, of Phoenix, N. Y., upon the use of creosote and morphine in cholera morbus, has recalled to my mind a case reported by me in your Journal some six or seven years ago, in which I had resorted successfully to this combination in the treatment of a very bad case of that disease. It will be seen, by a reference to that report, that I also suggested a trial of this prescription in cholera. Since that time I have been constantly using a syrup of creosote and morphine, with adults, and a syrup of creosote and paregoric with children, in the treatment of cholera morbus, dysentery and diarrhœa. I have also tried this remedy in cholera, but without any very satisfactory results.

During the summer and fall of 1852, an epidemic dysentery was prevalent in the section of country where I was then practising, and a large number of cases came under my charge, which were treated with success by giving a teaspoonful of syrup (containing ten drops of creosote and one grain of morphine to the ounce), after every loose stool. For children I usually gave the following prescription:—*R.* Creosot., gtt. v.; elix. paregoric, ʒ ij.; syr. zingib., ʒ vj. *M.* Cuj. cap. coch. parv. post sing. liq. deject. In the treatment of that form of chronic diarrhœa which is characterized by gleety discharges, I have also derived much benefit from this prescription.

The present season has been very prolific of diarrhœas. Many cases have assumed the chronic form, and in all these the creosote and morphine has proved wholly inefficient. A combination of the tincture of catechu, columbo, camphor and opium, with occasionally the addition of capsicum, has been the most successful of any one prescription in these choleraic cases. In the simpler forms of diarrhœa, the syrup of creosote and paregoric has done good service, and I think will be found worthy

of a trial by the profession. Like all other remedies, however, these articles are not adapted to all cases. Practitioners must be careful not to place too exclusive a reliance upon any one prescription, simply because it has been successful in a limited number of cases. In the treatment of cholera morbus, the creosote and morphine will occasionally act like a "charm," but the combination is not by any means a *specific*. On the whole, I like much better the frequent repetition of small doses of morphine alone, in a tablespoonful of ice water, giving at the same time pieces of ice to swallow, and applying stimulants to the stomach and extremities, than any other method of treatment that I have ever tried in this disease.

A. W. MACK, M.D.

Janesville, Wis., Sept. 15th, 1854.

POST-MORTEM APPEARANCES IN CHOLERA.

BY ISAAC PIDDUCK, M.D.

IN the year 1832, meeting Sir Astley Cooper in consultation, I inquired if he had seen any cases of cholera? No, he replied, but that he had seen several *interiors*. His description of the post-mortem appearances so exactly tallied with those recorded by Dr. Robinson, of Newcastle, that the specific character of the disease after an interval of twenty-two years, remains precisely the same. The two points upon which Sir Astley Cooper remarked were, the inflammatory condition of the stomach and intestines, and the distension of the gall-bladder; and these are the prominent appearances, recorded by Dr. Robinson, and which have presented themselves in almost all the cases of cholera which have been examined. As the only successful practice is based upon correct pathology, I at once determined to treat the disease according to the post-mortem appearances. In each successive irruption of cholera, this rule of practice has been my guide, and the success which has attended it has encouraged me to persevere.

Of the nature of the poison, which causes this morbid condition of the alimentary canal and distension of the gall-bladder, we are as ignorant as we are of the nature of certain ophidian poisons, which cause pneumonia, or destroy the coagulating quality of the blood; but the indications for the cure of cholera are clearly—

First, to empty the distended gall-bladder; and second, to allay the inflammatory condition of the stomach and bowels.

To fulfil the first indication, the salt emetic is the safest and most effectual. If this be followed by calomel and rhubarb, copious bilious evacuations will be procured, and with them all the dangerous symptoms of the disease will subside. To empty the gall-bladder is essential to the patient's recovery; for if re-action be established without this emptying of the gall-bladder, bilious fever sets in, and proves as fatal as the cholera itself in the stage of collapse.

The second indication—to allay the inflammatory condition of the bowels, and also in evacuating the contents of the gall-bladder—is fulfilled by the saline treatment prescribed by Dr. Stevens, assisted by the calomel and rhubarb.

In this unwonted disease there are two strong instinctive desires on the part of the patient—the one is for cold water, and the other is for salt, or more properly for the saline powders. Therefore the desires of the patient may be safely gratified, and cold (iced) water allowed *ad libitum*. If the view I have taken of this dreadful disease be correct, it is obvious that all endeavors to promote reaction by means of *stimulants*, and to stop the natural efforts to unload the gall-bladder by means of *astringents*, must be worse than useless; they must inevitably tend to seal the fate of the patient, by locking up within him the *casus morbi*.

The same principle should guide us in the treatment of the premonitory diarrhœa, which is cholera undergoing a natural cure. In innumerable cases, a small dose of calomel and rhubarb, followed by castor oil, by carrying off the redundant secretion of bile, arrests the diarrhœa at once; whereas if it be stopped by astringents and sedatives, a simple disease becomes complicated, and a bilious diarrhœa exchanged for a bilious fever of a grave character.—*London Lancet*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 4, 1854.

Pepperell Insane Institution.—Drs. Cutter & Howe have rebuilt their hospital, and put it in superior condition for the reception of patients. The high reputation of Dr. Cutter, his long experience, and the excellent character of the institution, are guarantees for its being a suitable place for a certain class of the insane. There are nervous people who are not precisely lunatics, yet just in that anomalous condition in which no one can live with them, and for which there are here ample accommodations. Dr Cutter should be well sustained in his efforts to meet the demands of the community in regard to these unfortunate persons. Besides the conveniences of the establishment, the rural beauties of the place are not excelled in New England. Health and plenty are the characteristics of that section of our country.

Procuring Abortions.—On several occasions in former years, we have spoken freely of the great extent to which this particular kind of murder is perpetrated in cities, both in this country and abroad. There seems to be no diminution of the evil, notwithstanding the terrors which the law holds up to the view of the criminal. The murder of unborn children is fearfully common every where, if the great number of half-grown infants found floating in boxes upon the water, dropped into vaults, or otherwise brought to light, is any evidence of the fact. Both women and men abound, in all our large cities, who have a decided and acknowledged reputation for performing the murderous operation. It is not exclusively performed upon unmarried women, who fly to the abortionist in the hope of being able to conceal from the world their shame and degradation, but even married women, who have no apology for concealment, and who only desire to rid themselves of the prospective cares of maternity, also submit themselves, far more frequently than is suspected, to hazardous manipulations, alike injurious to their bodies and subversive of all the finer sentiments of the mind.

In some instances husbands have been known to aid and abet their wives in this wicked expedient, on the plea that they have children enough already, or their circumstances forbid an increase of family expenses and responsibilities. There is no lack of provision in the statute laws of this, and other States, to meet and punish these cases; but through the cunning of parties implicated, the potency of bribes, and the difficulty of proving the facts, a conviction is rarely effected. We are pained and mortified to know that members of the medical profession, in good standing in the general estimation of the world, are occasionally detected in this nefarious practice. It is sometimes made a source of profitable business, falsely called professional. It is villainous, criminal, destructive to the moral character, and hazardous to the future prospects of those who embark in it. It is better to starve with a fair fame, than to hazard one's happiness, in this world and the next, by participating in so murderous a deed. No sophistry can do away with the fact, that whether the lamp of life is extinguished in the womb or at any period after birth, with an avowed and wilful intention of taking the life of the fœtus or infant, it is murder, and the perpetrator of it cannot expect to escape the vengeance of offended heaven.

Female Physicians.—A letter to ladies in favor of female physicians, by Samuel Gregory, M.D., in a pamphlet form, is in circulation. It is well written, and forcible in argument. We know very well that a vast deal of opposition is felt towards preparing females for medical practice. But ridicule as well as argumentation have failed to prevent the onward progress of female medical education. In short, public sentiment both encourages and sustains the schools organized for their instruction, and no efforts or objections on the part of the profession will overthrow or check them. The people, through the legislatures of several of the States, have demanded and obtained charters for them, and now we must do all within our power to regulate and make them respectable. We recommend an examination of the pamphlet, to medical men.

New Orleans Medical News and Hospital Gazette.—This ably conducted Journal has reached its fourteenth number. Up to the present time, it has been published semi-monthly, which we should suppose would have given general satisfaction to its subscribers; but it appears, from the last number, that the editors, "at the solicitation of many of their subscribers," have determined to issue it monthly—and that hereafter each number will contain double the matter of the old issue. It will make its appearance in the new form on the first of November next. We wish our cotemporary continued success.

Illustrated Medical Catalogue.—The well known firm of Blanchard & Lea, medical publishers and booksellers in Philadelphia, have just issued an illustrated medical catalogue, of sixty-four pages. Besides its usefulness in furnishing a complete list of the principal medical books published by this enterprising house, it affords the profession and medical student an opportunity of judging of their character and style. It can be obtained, free of expense, on application to the publishers.

Death of Dr. Charles Enderlin.—The New York papers chronicle the death of Dr. Charles Enderlin, a distinguished chemist of that city. He

was born in Heidelberg, in 1813, where he studied pharmacy under Geiger. He studied medicine at Wurzburg, and chemistry in Giessen, under Baron Liebig, who pronounced him the most eminent chemist in Germany. He came to this country in 1852, and located himself in New York City. He left New York in the early part of August, in good health, for a mining expedition in Canada; and when about to return, on the 9th ult., while at a railway station in Hamilton, C. W., he fell down senseless, from compression of the brain, and died on the 16th, just one week from the attack.

State Commission on Lunacy.—Allusion has been made, in a previous number of this Journal, to the commission appointed by the Governor of Massachusetts, in accordance with a resolve of the last Legislature, for the purpose of ascertaining the number of insane and feeble-minded persons within the Commonwealth. We would again urge upon the members of our profession, residing in the State, the importance of active and ready co-operation with the Commissioners. The survey cannot be valuable, unless the *whole ground is examined and reported upon*. The Commissioners ask of every physician to report his own field of practice and observation *only*, without reference to patients who are in hospitals, and also to give the name of patients they report, so that if two or more are reported from the same town or district the error may be corrected. The commission pledge themselves that in no case shall the names be made public. We hope, therefore, every practising physician in the State will co-operate in this movement, so far at least as to answer the questions proposed to him, so that the Commissioners may seasonably finish their important duties. We have received the following notice from Dr. Jarvis, who is devoting his whole time to this important work, and cheerfully give it insertion in the Journal.

TO THE PHYSICIANS OF MASSACHUSETTS—LUNATIC INQUIRY.—The Commissioners on Lunacy have sent their letters of inquiry, with the schedules for the return of facts, to all the physicians of the State. It is very important that this information be received from every one early in October, to enable the Commissioners to determine whether any and what further provision shall be made for the cure or custody of the insane. All who have not already made their returns are respectfully and earnestly requested to make them this week; and if any one having a schedule, knows of none of the facts to be reported, he is requested to put his name and his town to his paper, and return it, otherwise blank, as directed.

October 2d, 1854.	LEVI LINCOLN,	} <i>Commissioners on Lunacy for Massachusetts.</i>
	EDWARD JARVIS,	
	INCREASE SUMNER,	

Physicians' Black List.—The following comes to us anonymously, from another part of the country. If the plan recommended by the writer could be adopted, it would, as he says, serve a good purpose. By his signature he intimates that he can show a *small* list of delinquent subscribers. There are some, we know, who have had longer experience than himself, who could present a formidable one.

“In one of the late numbers of the Journal I noticed the ‘Physicians’ Black List’—stating that ‘resolutions have been adopted by the Berks County (Penn.) Medical Society, directing the members of the Society to furnish their Secretary a list of such of their patients as do not pay their

doctor's bills.' Good! But the 'resolutions' do not go quite far enough. I would suggest that the Secretary add to this 'Black List,' the name of every physician belonging to the Society who does not pay his publishers' bills; for verily a *few* such can be found, and the sooner they and 'their patients' get their names from the 'Black List,' the better for the patients, for the doctors, for the publishers, and for all others concerned.

"One who can show a SMALL list of delinquent Subscribers."

Suffolk District Medical Society.—As mentioned in our last number, it was expected that Dr. Channing would read a dissertation at the meeting of the Suffolk District Medical Society last Saturday evening. The following letter to the President will explain why the Society did not hear from our friend on that occasion.

Boston, Sept. 7th, 1854.

DR. BUCK. Dear Sir,—Having withdrawn from the duties of an active member of the Massachusetts Medical Society, I shall not trouble the District Society in this County with the paper volunteered by me at the last session of the Society. I remain your ob't serv't, W. CHANNING.

Re-appearance of the Cholera in London.—Our readers have already been made acquainted with the fact that the cholera, after subsiding and then entirely disappearing in the spring, in London and other parts of England, has again broken out in the former place. The following extract from the London Lancet of August 19th, shows the extent of the epidemic on its second appearance, up the 12th, as well as the general health of the city.

"Last week the total number of deaths registered in London was 1832, whilst the births numbered 1662, the return exhibiting the unusual result of an excess in the former over the latter. In the ten corresponding weeks of the years 1844–53, the average number of deaths was 1110, which, if raised in proportion to the increase of population, becomes 1221. Hence it appears that the actual number of deaths in last week exceeds the estimated amount by 611.

"This excess corresponds nearly with the number of fatal cases of cholera recorded last week, which was 644, while those of diarrhœa numbered 195. In the thirty-second week of 1849, which ended August 11th, 823 deaths occurred from cholera and 173 from diarrhœa. The progress of the present epidemic, which slightly manifested itself in the second week in July, is shown by the following weekly numbers: deaths from cholera, 5, 26, 133, 399, and 644; deaths from diarrhœa and dysentery (also in the last five weeks) 51, 63, 87, 146 and 200."

MARRIED,—In Sacramento, Cal, 10th ult., Dr. H. W. Harkness, formerly of Northampton, Mass., to Amelia Griswold, of S.—At Oregon City, A. H. Steele, M.D., formerly of Oswego, N. Y., to Miss H. H. Blackler, late of Marblehead, Mass.

Deaths in Boston for the week ending Saturday noon, Sept 30th, 76. Males, 40—females, 36. Disease of the bowels, 4—inflammation of the brain, 3—congestion of the brain, 1—disease of the brain, 1—cancer, 1—consumption, 9—convulsions, 2—cholera, 1—cholera morbus, 1—croup, 3—dysentery, 7—diarrhœa, 3—dropsy, 3—dropsy in the head, 1—drowned, 2—debility, 2—infantile diseases, 5—hooping cough, 1—disease of the heart, 6—intemperance, 1—inflammation of the lungs, 1—marasmus, 3—old age, 2—palsy, 2—pleurisy, 2—typhoid fever, 2—teething, 6—unknown, 1.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 42—Ireland, 25—British Provinces, 5—England, 2—Germany, 1—Italy, 1.

Brandy and Red Noses.—Douglas Jerrold, in some remarks on English and Swedish brandy-drinking, gravely asks the question, whether the red noses of the English dram-drinkers are not due to the various adulterations introduced into the liquors by British dealers?

This reminds us of the verdict of a coroner's jury among the Mohawks, some years ago. An Indian had gone into Albany, one cold winter's day, and got very drunk. On his way home he became completely overcome, laid down and was frozen to death. His tribe was at that time much disposed to imitate the habits of white men, and accordingly held an inquest over the dead body. After a long pow-wow, they finally agreed upon the verdict, that the deceased had come to his death "by mixing too much water in his whiskey, which had frozen in him and killed him."—*American Journal of Dental Science.*

Resignation.—We are sorry to learn, that, in consequence of ill health, Professor Townsend, of the Philadelphia College of Dental Surgery, has felt it to be his duty to resign the Chair which he filled in that institution. This must be a serious loss to the school, but we are gratified to be able to say that the vacancy will be filled by a gentleman every way competent to discharge the duties of the Chair.—*Id.*

FISKE MEDICAL PRIZE QUESTION.—The Trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, held at Providence, June 7th, 1854, announced that the premium of fifty dollars offered by them in 1853, for the best dissertation on *Neuralgia, its history and best mode of treatment*, had been awarded to the author of the dissertation bearing the motto—

"What is writ is writ."

And upon breaking the seal of the accompanying packet, they learned that the successful competitor was CHARLES W. PARSONS, M.D., of Providence, R. I.

They propose the following subjects for 1855:—

1st, Croup.

2d, The Effect of Climate on Tuberculous Disease.

For the best dissertation on the first subject, the Trustees will pay fifty dollars, and on the second one hundred dollars.

Every competitor for a premium is expected to conform to the following regulations, viz:—

To forward to the Trustees, on or before the first day of May, 1855, free of all expense, a copy of his dissertation, with a motto written thereupon, and also accompanying a sealed packet, having the same motto inscribed upon the outside, and his name and place of residence within.

Previously to receiving the premium awarded, the author of the successful dissertation must transfer to the Trustees all his right, title and interest in and to the same, for the use, benefit and behoof of the Fiske Fund.

Letters accompanying the unsuccessful dissertations will be destroyed by the Trustees, unopened, and the dissertations may be procured by their respective authors, of the Trustees to whom they were directed, if application be made therefor within three months.

JOSEPH MAURAN, M.D., Providence, } Trustees.
ARIEL BALLOU, M.D., Cumberland, }
HIRAM CLEVELAND, M.D., N. Prov., } tees.

S. AUG. ARNOLD, Secretary.

S 20—31

SICHEL ON SPECTACLES.—"SPECTACLES; Their uses and abuses." Translated by H. W. Williams, M.D. This treatise emanates from the highest authority in ocular hygiene, and is the only work on this subject accessible to the profession. For sale by G. W. BRIGGS and A. D. PUTNAM, 456 Washington st. Pp. 202, 8vo. Price 75 cts., cloth.

"This book is a great desideratum, for there is much mischief done, and much sight abridged, from lack of knowledge in the treatment and care of this most useful and tender of the five senses."—*National Intelligencer.* Sept. 6—6m

KENTUCKY SCHOOL OF MEDICINE.—The fifth session of this institution will begin on Tuesday, Oct. 31st, and continue until the end of February, with the following Faculty:—

BENJAMIN W. DUDLEY, M.D., Emeritus Prof. of Anatomy and Surgery.

JOSHUA B. FLINT, M.D., Prof. of the Principles and Practice of Surgery.

HENRY M. BULLITT, M.D., Prof. of Physiology and Pathology.

ROBT. J. BRECKINRIDGE, M.D., Prof. of Materia Medica and Clinical Surgery.

THOS. W. COLESCOTT, M.D., Prof. of Anatomy.

JOSEPH G. NORWOOD, M.D., Prof. of Chemistry.

JOHN HARRIS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

L. M. LAWSON, M.D., Prof. of Theory and Practice of Medicine and Clinical Medicine.

DAVID CUMMINS, M.D., Demonstrator of Anatomy.

Clinical Lectures at the Louisville Marine Hospital twice a week.

A course of Preliminary Lectures at the School and the Hospital during the month of October free of charge.

Material for Practical Anatomy abundant. The dissecting rooms will be opened on the 1st of October.

The fees for the full course of lectures amount to \$105; Matriculation fee (to be paid once only), \$5; Dissecting ticket, \$10; Graduation fee, \$25.

R. J. BRECKINRIDGE, Dean of the Faculty.
Louisville, Aug. 14, 1854. au 23—ceptN

DISEASES OF THE THROAT AND LUNGS.

—The Subscriber, in connection with general practice, gives special attention to the examination and treatment of *Diseases of the Throat and Lungs*. Office hours from 2 until 4 o'clock P.M., at 112 So. Main Street. G. L. COLLINS, M.D.
Providence, R. I., May 24, 1854.

DISEASES OF THE EYE AND EAR.—Dr. J.

H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont street, opposite Tremont House.
February 14, 1843. eptf

INVALID FOOD. WHOLESALE AND RETAIL

AGENCY.—D. L. GIBBENS & SON, 218 Washington street, Boston, have been appointed agents for the sale of the *Revalenta Arabica*. Also for sale as above, Prepared Barley and Groats, Bermuda Arrowroot, Raspberry Vinegar, Tamarinds, &c.
Aug 31—1vr

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LI. WEDNESDAY, OCTOBER 11, 1854. No. 11.

THE MODUS OPERANDI OF MEDICINES.

BY M. M. RODGERS, M.D., ROCHESTER, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

THE manner in which medicinal substances produce their curative effects in a pathological condition of any organ or system of organs, is very little understood; the manner in which they produce their pathogenic effects in a state of health, is also involved in the obscurity of hypothesis. And although this knowledge may not be indispensable to the successful administration of medicines in the cure of diseases—yet in the practice of an art which professes to be founded upon deductions from the exact sciences, it is desirable, if possible, to trace the connection between every cause and its ultimate effect. The explanations given by authors of the *modus operandi* of therapeutical agents, falls far short of anything satisfactory; they are, at best, only what relate to their remote effects—with vague conjectures as to their immediate action on the tissues and fluids of the body; but they do not reach their ultimate action on or relation to their chemical elements.

If we admit that all changes whatever, which take place in the elementary constitution of matter, both organic and inorganic, are merely chemical transformations—we see that the practice of medicine proper is only the aggregate of a series of chemical experiments, and the physician a practical chemist. But it is insisted, that it is unnecessary to know precisely how medicines operate, so long as we know they produce respectively certain constant effects. This may, so far as practice is concerned, be true. But the very ignorance of the chemical knowledge which would teach us their *modus operandi*, is the cause of innumerable blunders, in compounding and prescribing all complex preparations. A large portion of the prescriptions made in practice, are chemically incompatible; so that a decomposition and re-union take place between two substances, and a third is formed, different from either of the other two. This new compound may be either inert or poisonous—and at least will produce effects different from what ought to be expected. In this way the physician is often deceived, when prescribing a new medicine, or an old one in some new combination. In this way, too, valuable medicines are sometimes prevented from producing their legitimate effects, and are therefore condemned. It is often the case that an

incompatible compound is mixed together by the scientific physician, as well as the nostrum monger, in defiance of all chemical laws, and still produces wonderful curative effects; for although there was a perfect discord of affinities, between all the ingredients, still some compound was produced which contained the power requisite, and which might have been prescribed more scientifically and with less trouble. It is an indisputable fact, that a good practitioner and a poor chemist, in the same person, is a compound quite as incompatible as any in the *materia medica*.

Since the blaze of light from modern chemistry has shone upon the old empirical system of therapeutics, it has swept it away like vapor before the sun-beam; and with our ignorance of applied chemistry, we are left almost without a substitute.

While a few practitioners are laboring to deduce the entire practice from chemical principles, and are thereby constantly making dangerous experiments and failures—others constantly reject all new remedies and improvements, and plod their way by the dim and doubtful light of past experience, so that the aggregate of empiricism in therapeutics is, perhaps, as great as at any past time. It remains for further researches to discover and establish the *modus operandi* of remedial agents, and to classify them according to their true chemical and physiological relations to the system.

There are *three modes*, according to authors, by which the general operations of medicines may be explained.

1st, It is said “they produce their effects by actual contact with one or more tissues.” But let us go a little farther back, and inquire, how do they act by contact? If we can find what the immediate chemical relations between them and the tissues and fluids are, we shall then have a point from which we can pursue them, step by step, until we arrive at the most remote change produced. When an acid and an alkali are mixed together in solution, effervescence ensues—and what caused the effervescence? It is caused by the chemical union of the constituents of the compound. But how was this union produced? By chemical affinity. Again, what causes chemical affinity? Here we must resort to conjecture, and say, perhaps it is caused by cohesion, which is itself caused by a particular internal molecular arrangement of particles—or perhaps by the molecules of each being in opposite electrical states. But here the explanation ends, and we are still in the dark. And it is true of all investigation, that a limit is set, beyond which we can never pass. We may trace one effect to its legitimate cause, and this to some other cause more remote, which is, still, but the effect of some other cause more deeply hidden; and so on, until all beyond is conjecture, and we must link the chain of our reasoning to the throne of the great First Cause.

2d, It is said “medicines act by an impulse conveyed by the nerves, through an impression made somewhere else.” This is a gratuitous assumption—for it is not proved that the impression is made elsewhere than on the nerves.

How do we know whether the primary impression is made upon the nerves themselves, or upon the tissues? The nerves, instead of serving as mere conductors of impressions, may have undergone some chemical,

physical or physiological change, by the impression of a medicine which may increase their power of generating or conducting impressions, or may destroy this power entirely. The supposition that medicines act through the medium of the nervous system, either primarily or secondarily, does not assist the explanation.

3d, "Medicines act by contiguous or continuous sympathy, or by that which is excited by mere continuity and proximity of parts." Now to say that medicines operate by sympathy, is merely to give a name to our ignorance; matter, as distinct from mind, or spirit, can have no sympathy for other matter. Sympathy is not a physical or chemical action between particles of *matter*—but a hypothetical term implying some metaphysical action or condition; some state or act of mind, which though manifested *through* matter, is not *itself* matter.

Pathogenetic or pathological, as well as physiological, effects, may be produced upon the body through the medium of the external senses, or by an act of memory merely: as the sight of blood causes fainting; that of food, salivary secretion; of an emetic, nausea; the sight of one in convulsions, may cause them in another; cries of distress produce pain in a by-stander; unexpected intelligence or misfortunes sometimes cause greyiness, apoplexy, syncope or death. The explanation of the action of medicines within the system, and *not out of it*, is what we are to consider. But the explanation of these mental or physico-mental phenomena belongs to metaphysics or physiology, and not the *materia medica*; this branch of medicine, therefore, is not amenable for their explanation. No such therapeutical force as *sympathy* can be proved to exist in the system; and when a distant organ feels either the curative or pathogenetic effects of a medicine, it must be from direct chemical or physical action on one or more elements of some tissue or fluid, which is felt along the course of the tissue to the organ in question.

We have now given a synopsis of the *modus operandi* of all the medicines in the *materia medica*. We may now give briefly the explanation of authors in relation to the operation of a few of the leading classes of medicines.

Tonics produce an augmented action of the circulation, temporary strength, and, finally, fever—when taken into the system in a state of health; but this condition is followed, after a short time, by collapse and debility. In both healthy and diseased conditions, they tend to dry up the secretions and excretions, and thus act as astringents; in this way they arrest night sweating, diarrhœa, and other excessive discharges. Thus a re-action is produced upon the current of circulating fluid, which causes the tide to set back upon the system and prevent depletion from morbid action. In this way, also, arterial blood is economized for nutrition, while the *vis medicatrix naturæ* restores health.

Febrifuges are anti-periodics in their action, and to some extent are all tonics. They are supposed to terminate periodical diseases, by imparting temporary strength and stimulus to the system, which interrupts their paroxysm during a sufficient length of time for nature to accumulate lost vigor and restore normal action.

Nauseating medicines restrain hæmorrhage, by causing faintness,

which relaxes muscular tone and energy, and thus lessen the force of the circulation, and allow coagula to form at certain points and close bleeding vessels.

Purgatives operate mostly by stimulating the muscular coat of the intestines, and thus increasing peristaltic action. The purgative effect of mineral waters is supposed to depend on the large quantity of water which holds in solution small quantities of mineral salts; the same salts dissolved in any water have the same effect. They are supposed to operate by the stimulus of distension, so that, after all, their operation does not depend on their peculiar constituents or combination. Some salts have so strong an affinity for water that they absorb the fluids from the surface of the intestines by exosmosis, thus overcoming physiological action.

Narcotics are supposed to act by their sedative or depressing influence on the nervous system; or, in other words, they *operate by operating*.

Astringents are supposed to exert their secondary effect on the blood, or bloodvessels from which the secretions and excretions are produced.

Emetics are local irritants, which stimulate the mucous membrane or nerves of the stomach, and produce vomiting by reflex action. This explanation is involved and unsatisfactory. Authors say vomiting can only take place through the medium of the nervous system; that the action of the spinal, and other nervous centres, constitutes the proximate cause. How do we know whether vomiting is the cause or the effect of this disturbance of the nervous system? These explanations of the operations of medicaments are of the same kind and alike unscientific and unsatisfactory, with the system of pathology which makes every disease a unity.

If we were to sum up the teachings of authors on this subject, and make an abstract, it would amount to no more than the assertion that *all medicines* produce their characteristic effects by *stimulating* different organs or tissues of the body. They do not explain the ultimate relation between the medicines and any particular substance or tissue of the organism. They only give the aggregate of a series of chemical and mechanical processes which had occurred primary to them. Thus the totality of medicinal or pathogenetic effects are thrown together and explained in a single word, as purgation, emesis, stimulation, &c.

We shall now consider the manner in which all medicines must be primarily related to the different chemical elements of the body, and attempt to show that there are only *two ways* in which every article of food or medicine, whether solid, or liquid, or gaseous, must act when taken into the system. It will then be apparent, that what we call the specific operation of medicines, is not really any part of their *action*, but only the manifest consequences of preceding chemical action of their elements; that tonics do not *directly* impart tone to muscular fibre; that cathartics do not *directly* produce peristaltic action; that febrifuges do not cure by interrupting the febrile paroxysms, &c.

The only two modes in which any substance can act upon the system as a medicine, are by *chemical affinity* and *electricity*. Mechanical or physical effects often result from these, but are no part of the primary ac-

tion. These are the only means by which *elementary* changes take place in bodies, whether organic or inorganic. This will be more apparent when we consider the conditions necessary for the development of either of these forces.

Electrical action may be excited between two bodies, either wet or dry ; between gases, liquids and solids. Chemical affinities can only be brought into active play by high heat, *eremacausis*, or the presence of moisture. When two certain substances, both dry, are brought in contact, electricity may be excited ; when two certain substances, one or both moist, are brought in contact, electricity or chemical affinity must, one or both, be developed. Whenever this is the case, a change of elements must take place between the two bodies ; the old union is dissolved, and new ones are formed ; so that these elements have different relations to each other, and to all other elements. In the human system, a long series of chemical changes may follow this first separation and re-union, and part of these changes may be manifested as the effects of medicines.

One obstacle to our understanding the *modus operandi* of medicines is, that the changes which follow their passage into the system are concealed almost entirely from our view. The pain which would succeed the swallowing of sulphuric acid, for example, would indicate the action of some powerful agent on the stomach, without giving any clue to the changes which were taking place in consequence of the affinity between the acid and the organic elements with which it was in contact.

Another obstacle is, that the elementary composition of the fluids and tissues is not constant and invariable in quantity or quality. But the greatest difficulty, probably, consists in the mixed and complicated nature of medicinal substances ; and especially those from the vegetable kingdom. Those medicines which have the fewest elements, and are best known in their constitution, are most easily explained and understood in their action. The numerous elements in vegetable substances are all compatible and harmoniously united, during organic life, and all so combined as to allow the full development of the organism, the perfect performance of vital functions, and the consummation of its design. But when vitality closes, the juices evaporate, volatile matters escape, the organic elements undergo metamorphosis, and new compounds are formed ; so that the chemical character is different in the dead plant, its constitution variable, and the union of its elements unstable.

In consequence of this weakness of affinity between the elements of organic bodies, their equilibrium is easily overcome by any disturbing force, so that the chemical character of any vegetable medicine is no index to its operation. We cannot predict what changes it will undergo, and what new compounds will be formed, when it meets with acids, alkalies, salts or gases, in its course through the system.

Opium, for example, is a complex substance, among the elements of which are the alkaloids, morphia, narcotine, codeine, thebaine and narceine, besides tannin, extractive and coloring matter, &c. Some of these substances have a strong affinity for others, which are held in solution or a state of unstable combination, by the fluids of the system, so that we must commence with the first changes in order to trace the ope-

ration through all its deviations until it leaves the system, or is assimilated to its tissues.

Medicines whose compositions are isomeric, generally operate similarly. Morphia, codeia and solania, are almost isomeric; they all contain about the same proportions of carbon, hydrogen and oxygen, and only a trace of nitrogen. Their peculiar and similar operation may depend upon this condition, as they must be similarly related to the elements of the body. According to Liebig, opium, nux vomica and cinchona, are supposed to take a part in the "transformation of the old, or formation of the new brain and nervous matter." Again he says, the substance of the brain and nerves is produced from the elements of vegetable albumen, fibrine and caseine. He concludes, in relation to the operation of medicines, "they must take a direct share in the change of matter in the body, and exert an influence on the formation or quality of a secretion by the addition of their own elements."

The Galenical preparations, such as infusions, tinctures and soluble extracts, have the advantage of being more pure and of operating on the tissues with greater promptness.

But from the complex character, feeble union and wide range of affinities, of all organic compounds, it is impracticable, if not impossible, to trace their passage through the body and ascertain their ultimate effects on all parts and functions. The only way, then, to study the *modus operandi* of medicines, in accordance with chemical laws, is to use those of the most simple and well-known composition, such as acids, alkalies, oxides, salts, alcohol, ethers, and vegetable proximate principles.

Several forces, besides chemical affinity and electricity, are supposed to exert some influence in the operations of medicines; viz., vital principle, animal heat, magnetism, mental action, and idiosyncrasy. But we are as unacquainted with the nature of these forces, as with electricity, or any other; we see their effects merely, and this is simply about all we know of them. To turn the explanation on one of these terms, or another, is to change the formula merely, without developing any new idea or illuminating an old one.

In such investigations, we almost imperceptibly transcend the limit of purely physical principles, and find ourselves finally groping in the maze of metaphysical abstraction. So attenuated and nice is the dividing line between actual knowledge and speculation, that we are willing to couple the logical expression of a physical fact with a metaphysical consequence, and thus yield assent to a fallacy, rather than destroy the chain which binds together a beautiful theory.

Galvanic or electro-galvanic currents may be developed by the action of free acids, often present in the stomach, upon the mineral elements of salts and oxides, taken as medicines. These currents possess electro-positive and electro-negative power, and tend to decompose and revive elementary combinations. They may also cause decomposition in some of the tissues of the body, since their affinities are weak, and they all contain, in their normal state, more or less animal matter. In this way the action of medicines is modified in some cases to an important extent.

We shall now leave the general consideration of our subject, and pro-

ceed to the explanation of the *modus operandi* of a single substance—viz., alcohol—as an example illustrating our views. In this explanation, although imperfect, we think we have traced the connection of cause and effect farther than has before been done; we claim, also, that the explanation is nearly correct as far as it goes; and, finally, that the operation of all medicines, of known elements, can be equally well explained.

Operation of Alcohol.—It is a principle in natural philosophy, that all bodies, in passing from a rarer to a denser state, evolve heat. Alcohol is lighter and less dense than water. When it is taken into the stomach, it mingles with the gastric juice or whatever fluid the stomach contains, and which is much denser than itself; consequently when the union takes place, the alcohol becomes more dense, and the mixture gives off several degrees of latent caloric. This may account for the first calorific effects felt in the stomach. The heat thus generated stimulates arterial action, by its tendency to expand in volume the blood and other fluids and tissues. This expansion, while it augments the bulk of the circulating fluid, diminishes the calibre of the vessels, thus rendering necessary a greater velocity in the circulating fluids; this increased velocity increases the friction between the blood and the sides of the vessels, and consequently augments the heat. After being absorbed, it passes with the blood through the lungs, where a part of its oxygen undergoes combustion in the capillaries, and thus increases animal heat. Its carbon and a portion of its oxygen unite to form carbonic acid, which acts as a sedative on the brain and nervous system. Alcohol, by its power of coagulating the albumen of the blood, causes in this way obstruction to the capillary circulation, which is followed by swelling and obstruction to the next larger vessels; this soon causes congestion of various points, which congestion re-acts upon the larger vessels behind those congested points, causes them to become distended, and thus exerts an injurious pressure upon the nerves lying in their vicinity. When this congestion and consequent pressure extend to the brain and other nervous centres, sensation begins to diminish, motion becomes irregular or involuntary, the senses wandering or entirely lost, and apoplexy and sometimes death ensues. This is termed intoxication; and when it terminates in resolution, the functions are gradually restored, without serious organic injury to the system.

To recapitulate in conclusion, briefly: alcohol acts as a *stimulus*, by furnishing to the different tissues an increased supply of highly-oxygenated blood; and by the heat it produces by mixture with other fluids: as a *sedative*, by producing pressure upon the nervous system by congested vessels, and by causing the whole system to become surcharged with carbonic acid. That this is the mode in which this medicine operates, seems to be established by its pathogenetic effects, by the treatment necessary to cure these effects, by analogy, by post-mortem appearances, and, finally, by chemical principles.

A NEW DISPENSATORY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Permit me, as one who feels a deep interest in whatever pertains to medical science, to call the attention of my professional brethren to the paramount importance of critically examining every medical work of any pretensions to scientific value, no matter from what source it may emanate. The age for beautiful diction, elegant phrases, scientific mysticism, and theoretical speculations, has passed, and it now behooves those who have charge of the public health to speak in plain terms, and deal with those great facts only which really develop medical science. Every conscientious physician must admit that we suffer too many worthless books to find their way into the hands of students, whose minds are poisoned by acquiring falsehood, which they accept as truth, often because such books are sanctioned by those in whom they confide as correct judges. Medicine is a science which has to deal with life—not with dumb metallic machinery—and as the preservation of life and the public health are more important than the correct balancing of levers and wheels, so is medical science more important to the human race than the mechanic arts and sciences. Whoever writes a medical work, should aim only to deal in facts, and add to the great store of knowledge which the profession has been accumulating for the last three thousand years. If a physician aims to do this, he will not shrink from the scrutinizing search of the critic who attempts to measure the value of his publications. We have in the medical ranks gentlemen every way qualified to speak understandingly of new works, and as criticism must tend to purify our literature, what objection can be urged against even philippine criticism of new medical books. We have, it is true, no publication in America exactly adapted to this kind of literature; yet there are numerous periodicals which I believe, from my knowledge of their editors and patrons, would admit of such a use as I propose. Concise and well-written articles of the proper kind are seldom rejected by our more respectable journals. A notice of a book differs from a critical review, and it is to be lamented that the cautiousness of our editors should so often lead them to admit or write *notices* of books, instead of critically examining them in such a way as to point out their defects and advantages; for there are few books published on medical subjects which are destitute of either defects or advantages.

An association of medical critics, actuated by benevolent motives, could do more in ten years to rid the medical profession of fungous schools, books, and practitioners, than all the sectarian debates that may be urged and carried on in a dozen ages. There is but *one* medical science—there are many systems, but what is true in one is true in all, and all that is true belongs to medical science. Medical science is the common property of all who practise the healing art. Whatever is correct practice in the professional career of one, is correct in the professional career of all.

I have been led into this train of thought—which might be greatly extended, were it not that I should ask too much of your space—by get-

ting hold of and partially reading an enormous volume, purporting to be *The American Eclectic Dispensatory*, by John King, M.D., Prof. of Obstetrics and the Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati. The very name of the work suggests to the mind a few important questions, some of which I propose to examine for the benefit of those who may wish to procure and read the work.

Whatever is common to this nation, is American: e. g., we have a rail-road system, common to all parts of the Union, and different from rail-road systems everywhere else, and hence we say it is the American rail-road system. So we have an American common-school system, an American army and navy system of discipline, &c. &c. But when we speak of an American practice of medicine, and an American system of surgery, or chemistry, or botany, &c., we must inquire whether that practice of medicine, that system of surgery, that science of chemistry or botany, differs from other practices and systems in vogue in other countries, and is so universal in America as to be justly called *American*. Sit down and converse with the English, French or German physician, and it will soon be found that he, too, admits and contends for the correctness of the principle of eclecticism. And because he does not call himself an Eclectic, or a selector, is he any the less an eclectic? Is not eclecticism the same in all countries, and has it not a place in history even before the discovery of the American Continent? If the facts warrant an affirmative answer, there is no such thing as American Eclecticism.

In the next place, I contend that the work in question is not an eclectic collection. Perhaps this assertion may startle the author, but it is nevertheless true, and these are my reasons for the declaration. As the word eclectic is now and has ever been used, it means to *collect* and then *select*. Eclectic philosophy or science does not originate. It should gather together all declarations, and then like the winnower separate the wheat from the chaff; aye! even more, it should then select out the best of the wheat and discard as worthless the immature or decayed. So should the Eclectic physician collect the learning and evidence of all ages, schools and men, separate the true from the false, and then accept only the best of the true. Do our Eclectics of the West do this? Judging by Prof. King's work, I should say not.

Now, then, as Eclecticism, according to Prof. King, has its principal hold in the West, he ought, if he wished to localize his work, to have called it *Western*, instead of "*American*" Eclectic Dispensatory. Next it may be said, as will be apparent to all who examine the work, that he has *collected*, but paid very little attention to *selection*. It seems to have been an object to embrace particularly the whole vegetable *materia medica*; and the question seems not to have crossed his mind, whether many of those agents he describes, are not valueless in comparison to others of the same class. That Prof. King has invaded the system of others, and gathered stores of knowledge from which to *select*, may be inferred from his declaration in the preface to his work, that he acknowledges his indebtedness to Wood's *Class Book of Botany*, Rafinesque's *Botany*, *Western Medical Reformer*, Hill's *Eclectic Surgery*, Smith and Howard's *Family Practice*, Gunn's *Domestic Medicine*, &c.; and he might

have added, Good's Vegetable Mat. Med., Kast's Mat. Med. and Therapeutics, Mrs. Lincoln's Botany, Beach's American Practice, Thomson's Practice, &c. But after this general *collection*, there seems to have been little or no *selecting*, but a general appropriation of whatever suited his purpose. The work claims to be Eclectic, and yet the whole effort of Dr. King seems to be to get new agents and principles, whether valuable or not, before the public, and himself as the real discoverer of them. These points will be discussed in the review of other Eclectic works now before me.

In the next place Prof. King has overdone his work, and given us something more than a Dispensatory. The first 140 pages of the book are occupied with a synoptical view of the natural and artificial botanical classification of plants; and in this department the author shows a palpable want of correct information, which becomes more apparent when we examine the classes and orders in which many of his plants are placed. Men who do not thoroughly understand a branch of science, ought to avoid writing on it. From page 140 to 980, the materia medica is described. From page 980 to page 1298, we have the Eclectic pharmacy according to Mernel, the Institute druggist. From page 1298 to 1391, we have a vocabulary, numerous tables, and the index. Thus it will be observed that Dr. King's idea of a dispensatory embraces an encyclopediacal field. The book, taken altogether, is "*a great book*," i. e., if 1400 pages of an octavo-sized paper can make a book great. As to the execution of the book, in a typographical sense, it is well enough. It has just been issued from the press of Moore, Wistock & Keys, of Cincinnati, and as one I am glad to possess it, for thus am I enabled to fully understand the value of the school from whence it emanates; and if some really capable physician would collect all the dispensaries now extant, and make up a true eclectic work, physicians and the public would be vastly benefited. Within the last three years the Eclectic physicians at Cincinnati have issued, under the auspices of the Eclectic Medical Institute, quite a number of books:—Hill's Surgery, Newton on Ulcers, Bickley's Physiological Botany, Newton & Powell's Practice, Jones & Morrow's Practice, King's Dispensatory, and Buchanan's System of Anthropology, the last of which I shall beg to notice in a future paper. Dr. King's work, being one of some importance, I trust that some gentleman, with more leisure time than myself, will find it convenient to critically examine it, for it is high time that our medical literature was being purified.

New York, September 25, 1854.

THE LATE DR. JAMES WEBSTER.

[Communicated for the Boston Medical and Surgical Journal.]

JAMES WEBSTER, M.D., Emeritus Professor of Anatomy, Geneva Medical College, died at Louisville, July 19th, 1854, of disease of the heart. Dr. Webster was born at Washington, Lancashire, Eng., on the 26th of Dec., 1803. At an early age he emigrated to this country with his pa-

rents, and settled in Philadelphia, where his father became an eminent bookseller and publisher, and established the Medical Recorder, of which his son became afterwards one of the editors. Dr. Webster was originally destined for the bar, but his inclination soon led him to the study of medicine, in which anatomy soon became his favorite pursuit. He pursued his studies in Baltimore and Philadelphia, and after attending three full courses of lectures, two of which were in the University of Pennsylvania, he graduated at the latter in March, 1824, at the age of 20 years. Dr. W. was a private student of the late Dr. John D. Godman and succeeded him, on his removal to New York, as private teacher of anatomy.

As a successful teacher of anatomy, Dr. Webster had few if any superiors in this country. He was clear, precise and accurate, and always enjoyed a high degree of popularity with his students. His private classes in Philadelphia were crowded, and he succeeded in imparting to his students the same enthusiasm which he himself felt in the study of his favorite science.

About the year 1835 or 6, he removed to the city of New York, where he soon acquired considerable reputation as an operative surgeon, and especially in the treatment of diseases of the eye and ear. In 1842 he was appointed Professor of Anatomy in Geneva Medical College, and took up his residence in the city of Rochester—where, in a short time, he became one of the most prominent surgeons in western New York. In 1849 he was elected to the Chair of Anatomy in the University of Buffalo, where he continued to lecture until 1852, when he resigned from ill health.

Dr. Webster was a man of superior native abilities, and of extensive acquirements in anatomical science. He was exceedingly fluent and animated as a teacher, and never failed to command the whole attention of his class. His mode of teaching was that pursued by the late Dr. Godman, viz., to perform all the dissections before the class, demonstrating all the parts as he went along. Such was his great skill and facility in dissecting, that he usually went over more ground in a single lecture, than when the parts are previously dissected. The advantages attending this mode of teaching are sufficiently obvious.

As a surgeon, Dr. Webster was cautious, though bold and prompt enough when the occasion demanded. He was a neat operator, gentle and kind in his deportment to his patients, and remarkably successful. As a lithotomist and an oculist, he was one of the most skilful operators in western New York, and performed a vast number of operations of every kind.

Dr. W. was a man of fine social qualities, open, frank and gentlemanly in his manners, and generally conciliating in his deportment. He was generous to a fault, and with some failings, possessed equally great virtues. The thousands of medical men who have enjoyed the benefit of his teachings, will hear of his death with regret. *Requiescat in pace.*

October, 1854.

L.

OBSERVATIONS ON EPILEPSY.

[Continued from page 162.]

I WILL, in the sequel, show how these views, namely, that epilepsy arises from debility, have been sustained by cases which have come under my treatment. It is well known that fear, or fright, is a *depressing* passion; and joy, an *exalting* one. Now, I have had a large number of cases, where epilepsy originated in the former, fear, but not one in which it was caused by the latter, joy. If these data are correct, and I think they are, it becomes a question whether they do not go to prove the diagnosis of epilepsy to be, from *debility*. In one of the first patients I ever had with epilepsy, it was induced by *fright*; and when I saw him first, he had had the convulsions more than a dozen years. When about 15 years of age, he, with another lad, a little younger than himself, was sitting up with the corpse of his grandmother. They were below, and the body of the woman in a chamber over their heads. Suddenly there was a clattering noise, apparently in the room above. They were both very much frightened, and the elder one had a fit, and continued to have fits about once in three weeks afterwards, for a number of years. The cause of the noise was discovered to have been the jumping of a cat from one side of a pantry to the other, in the upper entry-way, upon a batch of tin milk-pans. The weight of the cat causing the centre of gravity in the milk-pans to fall in a different place, precipitated them to the floor, and their falling occasioned the noise which the young man, for the moment, supposed was caused by the coming to life, or the resurrection, of his grandmother.

A young lady, who had been subject to epilepsy for seven years, stated, that the *first fit* came on immediately upon a physician's informing the family that her mother could not recover from a fit of sickness. The fits afterwards returned once in every two weeks.

A little boy, 6 years of age, had the *first fit* when an older brother threatened to give him to a large dog, by which the child had previously been much frightened.

Dr. Webster, of London, mentions the following case:—"Respecting the causes often producing epilepsy, he considered *terror* as one of the most powerful; of which a very striking example, some time ago, came under his observation. It was that of a young woman who was frightened by a fellow servant, disguised as a ghost, with a light in his hand, when he suddenly appeared before her, at the end of a dark passage. She became so alarmed as to fall down in a fit of epilepsy, which afterwards frequently returned."

Dr. Eberle says, "Fear, terror and grief, and other disagreeable sensorial and mental impressions, have been known to give rise to epilepsy. I have met with three instances that were excited by terror. Locker states that six out of fourteen cases of this disease, which came under his care in the Hospital St. Mark, at Vienna, were produced by terror."

I could name many other cases in which epilepsy has been induced by *fear*; but will not occupy further space to do it.

A large number of epileptics, certainly as many as twenty-five, who

have come under my care, have confessed that they were addicted, when young, to the habit of *masturbation*; and every physician knows that this habit, long pursued, prostrates all the vital energies. It is, perhaps, the most common origin of epilepsy.

Epilepsy is not, strictly speaking, often *hereditary*, though it frequently happens, where one of a family has the disease, others are apt to be affected with it. It is, however, in my opinion, more to be ascribed to *seeing their friends in these fits*—to frights on this account, than from any real congenerate transmission. The idea, which the writer wishes to convey, may be gathered from the following curious case, recorded in the Annals of Medicine for 1801:—"At the age of 24, the Marquis Anthony Julius Brignole was first seized with epileptic fits. Previous to this period his lady had borne him one son; at that time she was pregnant with a second, when, unfortunately, she saw him under his first attack. When with child the third time, the same unlucky occurrence took place. A fourth son and two daughters were begotten after the father was cured. The eldest son never had any epileptic symptoms; the second son suffered much from epilepsy; and the third son, after having borne many attacks, died in an epileptic paroxysm. Neither the fourth son, nor either of the daughters, ever had any epileptic symptoms."

This case was reported by Dr. Batt, of Genoa, and he appropriately asks, "may we not from these facts reasonably infer, that the epilepsy in these two children owed its rise solely to the agitation of the mother, independent of the father's ailing? and that it was properly connate, and neither congenerate nor hereditary."

Still, I am of the opinion, as has been already expressed, that there is sometimes what may be called a *hereditary predisposition* or *epileptic diathesis*.

Six cases of epilepsy have come under my treatment, where the disease was induced by, or speedily followed, loss of blood. Four were caused by *epistaxis*; two by hemorrhages from incised wounds. Besides these, many others have had the fits augmented and perpetuated by *venesection*, employed as a *curative* treatment. As Dr. Radcliffe has effectually answered Dr. Marshall Hall's argument in favor of bleeding for *congestion in epilepsy*, by showing that it could do no manner of good, as the fit commences *before* the congestion shows itself, and ceases *when* it ought to be the most violent (if caused by the congestion), that is, when the congestion is the greatest, it would seem as though no more need be said to induce all practitioners to cease using the lancet in epilepsy. Dr. R. with the strength of a giant, and the keenness of an eagle's eye, has scattered to the four winds all the arguments of so eminent a man as Dr. Hall in favor of such practice, and left the "*disjecta membra*" of all his successors in the same course of treatment, like the records and wealth of old Troy, "*nantes in gurgite vasto*." Yet some physicians are found who still advocate the abstraction of blood to remove congestion in epilepsy. This only shows with what tenacity men cling to a favorite theory. Had they lived in the days of Galileo, they would not have believed that the sun stood still, and the earth turned

around ; or, in the days of Harvey, they would sooner have believed that the blood stood still, or, at the most, ran out from the heart in the night and back before daylight, than have adopted his demonstration of the circulation.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 11, 1854.

Suffolk District Medical Society.—This Society held its regular monthly meeting for medical improvement on Saturday, Sept. 30, 1854, at 8 P. M. The President in the Chair. The Secretary read the records of the last meeting.

DR. BOWDITCH, in allusion to a case of tuberculosis which he reported at the last meeting, said that the crepitation had been steadily increasing. Hectic was present, and loss of strength and appetite, all confirming the diagnosis of acute tuberculosis.

Dr. Bowditch reported three cases of empyema.

First. The patient, a physician, seventy years of age, had had an effusion into the pleura for three months ; had used diuretics, and applied blisters, &c. There was not much uneasiness or suffering. Feeling one day a little worse than usual, he applied to Dr. Bowditch, who punctured his chest and drew off one hundred ounces of pure limpid serum, by measurement. The patient went on doing very well after the operation, and in the course of a fortnight respiration was heard throughout the chest, though indistinctly. Subsequently, at an examination made at the end of a month, it was found that the fluid had not re-accumulated, though the lung at the lower part expanded but imperfectly.

Second. The patient, a young woman, had been treated by an Indian doctor, who gave her drastic purgatives, which injured much more than they benefited her. After nine months illness, and being considered hopelessly affected with phthisis, Dr. B. saw her. There was flatness throughout the left chest, and dislocation of the heart, indicative of an extensive effusion. A puncture was made, and two quarts of pus removed. The heart has since been slowly regaining its natural position, and although there is dulness over the lower part of the back, yet the respiration can be heard over the anterior and posterior portions of the chest down to the third rib, and a metallic tinkling, which was very perceptible after the operation, has disappeared. In this case, two of the lower ribs were separated nearly an inch, and a large tumor appeared. This tumor subsided immediately after the operation, and has never re-appeared, and the intercostal space soon became natural.

Third. The patient, a woman, three months advanced in pregnancy, was seized with symptoms of acute pleurisy. The effusion progressed rapidly, accompanied with much dyspnœa, orthopnœa and distress, and her friends were informed by the attending physician that she was liable to die at any moment. There was complete dulness on percussion, and the heart was pushed to the right side of the sternum. A puncture was made, and eight ounces of pure pus removed—a much less quantity than was expected. Has been operated upon several times since, and in all, about five quarts of

pus have been removed. Her appetite has improved, the pulse has become more regular, the orthopnœa has disappeared, and she has walked out of doors. The intervals between the operations have been lengthened of late, and an attempt was made to procure a permanent opening, but abandoned on account of the inconvenience attending it. The patient is now in the seventh month of pregnancy. The lung has gradually expanded, and the heart is in a more natural position. Opiates are given to quiet the cough, and a tonic course of treatment pursued.

Every new case convinces Dr. B. of the importance and safety of the operation. He alluded to another case, where puncturation had not proved successful. The patient, a young man, was suffering from a latent attack of pleurisy, when suddenly dyspnœa occurred, and a small portion of very fetid fluid matter was discharged. Dr. B. punctured ten days afterwards, but obtained only two ounces of fetid serum. Dr. B. attributed his ill success to the fact of there being a quantity of coagulable lymph in the cavity.

Dr. B. mentioned one other case where a fistulous opening was formed. The liq. iodini comp. was first injected, diluted, and subsequently in full strength. The discharge ceased, and the patient recovered in a month. Only a sensation of warmth was felt after the use of the injections.

Dr. Bowditch remarked that Dr. Wyman was the first who made use of the small trochar, and Dr. B. much preferred its use to the use of the larger ones. He had made use of the larger ones twice, and in both instances the pain subsequent to the operation was much greater than after the use of the smaller ones. He had feared an attack of pleuritis would be the consequence of the use of the larger ones.

Dr. HOMANS, Sen., in connection with the cases of Dr. Bowditch, alluded to a case which came under his care. The patient, a boy of eleven years, of extreme nervous temperament, had an attack of pleurisy, with excessive pain, much dyspnœa and orthopnœa. The left side of the chest, from the spine to the sternum, measured two inches more than the right. Finally there appeared, a little posterior to the heart, a sense of fluctuation, and subsequently a discharge of pus. The patient left the city some three months since. Dr. H. remarked, that had he known of the safety of using injections of iodine, he should have been inclined to make use of them in this case, to suppress the discharge. Dr. H. thought that it was better to make an artificial opening than to leave nature to provide an outlet.

J. B. ALLEY, *Secretary.*

Facts for the People.—T. D. Thompson, D.D.S., of the Baltimore College of Dental Surgery, is the author of a small volume entitled "Facts for the People, relating to the teeth; showing their influence upon the health, speech and looks, with directions for their care and preservation." No very striking novelties are discoverable in this treatise; for new facts are scarcely to be found in a branch of science which has been in the keeping of a class of men, the last thirty years, who have importuned dame Nature, till she has given up all her secrets, and revealed pretty much all that any one cares to know of the physiology or anatomy of the teeth. By this, however, we are not to be understood as undervaluing the properties of the book. Dr. Thompson has a happy tact in giving instruction, and he has presented whatever is most essential to be known to secure to the people the full use of their teeth. Very few have the happy art of writing so clearly on scientific matters, as to reach the minds of the million. The

man who can do so, becomes a public benefactor, and lays the community under perpetual obligations. Dr. Thompson simplifies abstruse things, and makes plain many points that appear obscure in other authors. He deserves the assistance of the medical press, to make known his merits.

New Work on the Materia Medica.—Messrs. B. Keith & Co., of the American Chemical Institute, New York, have in press, we are informed, a work on the concentrated vegetable medicines, which will be published sometime in November next. The Messrs. Keith & Co. have been successful in their preparations thus far, and we have no doubt that in time the alkaloids and resinoids of plants will generally take the place of the more bulky and crude material. A work, therefore, which shall specially treat upon these new remedies, will be of great service to the profession.

Official Visit to Lunatic Asylums.—A special committee of the City Council of Boston, together with the Board of Visitors of the Lunatic Hospital, will leave this city on the 19th, for the purpose of inspecting the several hospitals for the Insane, between here and Washington. Our hospital for the Insane poor, at South Boston, is now *over-crowded*, and it has become absolutely necessary for the city government to make further provision for the patients. It is proposed, therefore, to procure a site in the country, some four or five miles from the city, whereon can be erected suitable buildings for the purpose. A committee of the City Council, who have this matter in charge, visited South Newton last week, for the purpose of examining a large tract of land which had been offered them at a certain price. The lot contains upwards of two hundred acres, most of which is covered with beautiful forest trees, and would be a most desirable place to locate the hospital, were it not so far from the city. We hope that it may be located inland, as has been suggested by members of the City Council.

Etherization in Parturition—Its Effects upon the Fœtus.—It has been thought by some of our most eminent physicians, that the fœtus is incapable of becoming etherized, or sensibly affected by ether in consequence of its administration to the mother while in labor. Now we have repeatedly observed its effects in such cases; and in the Journal, sometime since, we gave an account of a case, where ether was discoverable in the child several days after its birth. We had a case of labor last week, where etherization was kept up for only five hours; yet when the birth was completed, it was found very difficult to resuscitate the infant, in consequence of the effect of ether. For three days after, the smell of ether could be easily discovered in its breath, and the little one slept so long and soundly, that the nurse and mother became very much alarmed for its safety.

Medical Services to Naval Officers.—One of the Washington papers states, that a naval officer recently, who had had occasion to obtain the services of a physician under circumstances wherein he could not command those of a naval surgeon, presented to the accounting officers of the Government a claim to be reimbursed the money paid on this account. It was, however, ruled, that as the act of March 3, 1835, regulating and increasing the pay of the Navy, declares that the yearly pay provided in that act is all the "pay, compensation and allowance," that the officers shall receive

"under any circumstances whatever," these provisions prohibited any special allowance to officers on account of sickness, whether for medical services by a private physician, medicines, or any other expense of a similar nature.

Schools of Medicine.—In whatever school practical anatomy is taught the best, the prospects of that institution are the brightest. No one can succeed as a general practitioner, who is not conversant with the entire machinery of the human body. Students are beginning to comprehend the importance of facilities for studying anatomy. Pictures and manakins are not equal to real organized bodies. Learners should have opportunities for making personal researches, and hence the importance of good dissecting conveniences in connection with a high order of instruction. The anatomical advantages in Boston are acknowledged to be great, and from this city many distinguished professors have gone forth, having here laid the foundation of their future eminence as anatomical teachers. From what we hear of the prospects the approaching lecture season, in Boston, New York and Philadelphia, uncommon efforts are making to place anatomical facilities within the reach of every one. On the whole, on looking over the plans of operation proposed for the ensuing lectures in the prominent institutions, an elevated course of instruction may be anticipated, superior to that of any former year.

A New Hospital for Boston.—Why cannot measures be commenced for the establishment and endowment of another spacious hospital in Boston? Surely the city is now large enough to furnish patients for another institution. At least, with the rapid increase of population and the development of business, to say nothing of the process of annexation to our limits, the present excellent Massachusetts General Hospital will soon be inadequate to the requirements of this great commercial port. East Boston alone, with its steady advance in trade, manufactures and population, is really in more need of accommodation than the city proper. While there are beautiful sections of land, of ample dimensions, to be had for prices that will never be less, a sound policy would be manifested by the friends of humanity, in the immediate purchase of a site for a new and commodious hospital. Money would flow in from many an unexpected source for its support; and in all coming time, aided by the immense wealth of the merchants of Boston, it would be a favorite charity, as the other hospital has been from the day of its inauguration. One hospital cannot always, in the nature of things, take all and every one who may wish to avail themselves of the combined skill which concentrates in a well-conducted hospital. Our physicians have an opportunity to move in the matter, and with certain success, if a comprehensive scheme is devised, which shall meet the views of the benevolent part of the community at the commencement. The plan of allowing individuals to purchase a room and place a sum in trust for the support of its unfortunate occupant, is worth thinking about, because then both ladies and gentlemen might be gratified with an opportunity of transmitting their names appropriately to posterity.

Great Mortality among Physicians.—By referring to our mortuary record, it will be noticed that the mortality among physicians has been unusually large of late. We have no recollection of reporting the death of so

many, within the same period of time. Many of them were men of distinction and influence, and had lived to ripe old age ; while others were cut down in early life, when the brightest prospects for the future were before them.

Note from Dr. Channing.—To THE EDITORS. Dear Sirs,—In 1810 I went to Europe to pass a year or more in medical study. In 1852 I went again, for the relaxation and pleasure of travel, and to acquire such knowledge as might increase my professional usefulness. Since my return I have often spoken of the pleasure and advantages of foreign travel, of the courtesy, hospitality and kindness with which I was received and honored abroad, and of my grateful recollections of it all. It was to me, in truth, a new world. How often have I added, that it would be most pleasant to me to enjoy such privileges again ! I have recently learned that I was about to go abroad again. This was indeed news to me. But as the report had doubtless its origin in the freedom and sincerity with which I had spoken of past pleasures, I could not but regard it as an expression of interest in my future gratifications. It has, however, had a practical bearing which has led to some inconvenience to other parties—for instance, applications for my rooms, inquiries when I was going, when to return, and what not. Now as it occasionally happens that I am consulted by my brethren at a distance, and by patients from out of town, and am sometimes employed here at home, I have thought it due to such friends to say, that I have not taken my passage in the next steamer ; and to all others who take such deep interest in my “whereabout,” that I mean to stay at home for the longer or shorter future I may stay anywhere. Having applied to the Council of the Massachusetts Medical Society, to be placed on the list of *retired members*, I addressed a note to the President of the Suffolk District Medical Society, in which I meant to state this fact as a reason for not reading a paper which I had volunteered at the September meeting. By the phrase “active duties,” in that note, was meant official services, such as attending meetings, serving on committees, &c., which a retired member I supposed might not be expected to render.

I remain very truly yours,

W. CHANNING.

Boston, October 6, 1854.

Massachusetts Medical Society—Commission on Lunacy.—At a stated meeting of the Councillors held October 4, 1854, the following resolutions were adopted, and their publication authorized :—

Resolved, That the Councillors of the Massachusetts Medical Society approve of the objects and purposes of the law of the last Legislature, ordering an inquiry as to the number and condition of the insane and idiotic persons within the Commonwealth ; and that they also approve of the plan and manner which the Commissioners of Lunacy have adopted in making this inquiry through the several members of the medical profession in the State.

Resolved, That the Councillors recommend all the Fellows of the Massachusetts Medical Society to co-operate with and aid the Commissioners in this work—to make early report of the facts required by the Legislature, and to lend their influences to persuade all other medical practitioners, overseers of the poor, and other public officers, of whom this information is asked, to do the same, in order that this survey of idiocy and lunacy in the State may be complete.

Attest, S. PARKMAN, *Rec. Sec'y.*

Norfolk District Medical Society.—By invitation of Dr. B. E. Cotting, the members of this Society held a social meeting at his residence in Roxbury, on Wednesday evening, October 4th. The occasion will be long held in pleasant remembrance by those present. Dr. S. Durkee was among the guests, and entertained the company by an exhibition of specimens of microscopical anatomy, prepared by himself. Dr. Durkee's zeal and proficiency in this branch of medical science are well known, and it was a rare privilege to be allowed to examine his well-arranged and beautiful specimens of the various tissues of the body, and, aided by his explanations and illustrations, to witness some of the wonderful revelations of the microscope. After a sumptuous repast, a series of appropriate and pithy sentiments elicited brief addresses from several gentlemen. The evening passed off very pleasantly, and the company separated, deeply indebted to Dr. Cotting for the very agreeable entertainment which he had furnished them. *

Medical Miscellany.—A Mrs. Green, of Chicago, died very suddenly in that city, on the 16th ult. A post-mortem examination revealed the presence of strychnine in her stomach, which, it is alleged, was administered to her by her husband, who has been arrested.—By the annexation of the city of Charlestown to Boston, a dozen or more of the physicians of the former city will probably become members of the Boston Medical Association, and Suffolk District Medical Society.—Our city continues to be remarkably healthy.—Dr. John Heard has been appointed post-master at Leominster, Mass.—Dr. Wm. H. Davis is in prison, for shooting a man at San Juan.—Dr. Samuel Bradshaw has been nominated for Congress at Doylestown, Penn.—Elizabeth Currie, of Liverpool, Eng., now 109 years of age, and in excellent health, has been a regular, habitual smoker since her 18th year.—Smallpox is on the increase at several points in New England.

ERRATUM.—In the last number of the Journal, in a notice of the State Commission on Lunacy, instead of alluding to two or more patients being reported from the same town, we meant to have spoken of one patient being reported by two or more physicians.

PAMPHLETS RECEIVED.—A prize essay on difficult labors and their treatment, by M. B. Wright, M.D., of Cincinnati, Ohio. A gold medal was awarded the author by the Ohio State Medical Society.—Observations on some of the remedial properties of simaba cedron, and its employment in intermittent fever, by S. S. Purple, M.D.

DIED.—In Reading, Penn., J. P. Hiester, M.D., 52. Dr. H. was one of the oldest subscribers to this Journal—was one of the leading members of the profession in his State—has held many important offices, and was well known as a naturalist.—In Avon, Conn., Dr. Julius Willard, aged 60.—At Weare, N. H., Dr. Philip Cilley, 86.—In New York, Edward Bullus, M.D., 50.—At Holding, N. H., Dr. Samuel Wright, 58.—At New Orleans, of yellow fever, Valentine Mott, Jr., M.D., son of Dr. Mott, of New York, aged 33.—At Cincinnati, Dr. P. S. Conner, 41, a native of Newburyport, and a graduate of Dartmouth College, of the class of 1835.—In Heath, Dr. Timothy H. Brown, 42.—In Savannah, of yellow fever, Drs. P. H. Wildman, F. W. Schley, S. N. Harris, T. M. Ellis and C. H. Welles.

Deaths in Boston for the week ending Saturday noon, Oct. 7th, 79. Males, 43—females, 36. Inflammation of the bowels, 2—disease of the bowels, 3—burns, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 15—convulsions, 2—cholera infantum, 1—cholera morbus, 1—croup, 3—dysentery, 5—dropsy, 1—dropsy in the head, 3—drowned, 3—infantile diseases, 6—puerperal, 1—exhaustion, 1—erysipelas, 1—fever, 1—hemorrhage, 1—hooping cough, 1—disease of the heart, 1—intemperance, 4—marasmus, 3—old age, 1—pleurisy, 1—palsy, 1—rheumatism, 1—scrofula, 1—smallpox, 1—teething, 4—thrush, 6—worms, 1.

Under 5 years, 35—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 11—above 60 years, 3. Born in the United States, 51—Ireland, 20—British Provinces, 1—England, 2—Scotland, 1—Germany, 1—unknown, 3.

Death of Dr. L. Parmlee.—We learn with profound sorrow that Dr. Ludolph Parmlee, dentist of Mobile, Ala., died during the latter part of July. Dr. P. had resided in Mobile about twenty-two or twenty-three years, during which time, he enjoyed, and deservedly too, a large and lucrative practice. In his death, the profession and society have lost one of their brightest ornaments, and most sincerely do we sympathize with his family and numerous relatives in their bereavement. Dr. P. was an honorable, a high and a liberal minded gentleman, as well as a scrupulously conscientious and eminently skilful practitioner.—*Am. Jour. of Dental Science.*

Atmospheric Phenomenon.—A phenomenon of a remarkable kind was experienced on Tuesday at some parts of the city of Bath. During the afternoon, there fell from the clouds a large number of drops, which were at first supposed to be rain, but which, on being examined more closely, were found to consist of a gelatinous substance of about the consistence of thin starch. Upon being submitted to the microscope, the spots were found to be thickly impregnated with eggs, perfect in form, but exceedingly minute in size—so minute, indeed, as to be altogether invisible to the naked eye.—*London Lancet.*

UNIVERSITY OF NASHVILLE—MEDICAL DEPARTMENT.—The Fourth Annual Course of Lectures in this Institution will commence on Monday, the 30th of October next, and continue until the first of the ensuing March.

ROBERT M. PORTER, M.D., General and Special Anatomy.

J. BERRIEN LINDSLEY, M.D., Chemistry and Pharmacy.

C. K. WINSTON, M.D., Materia Medica and Medical Jurisprudence.

A. H. BUCHANAN, M.D., Surgical and Pathological Anatomy.

THOMAS R. JENNINGS, M.D., Institutes of Medicine and Clinical Medicine.

W. K. BOWLING, M.D., Theory and Practice of Medicine.

JOHN M. WATSON, M.D., Obstetrics and the Diseases of Women and Children.

PAUL F. EVE, M.D., Principles and Practice of Surgery.

WM. T. BRIGGS, M.D., Demonstrator of Anatomy.

The Anatomical rooms will be opened for students on the first Monday of October.

A full *Preliminary Course of Lectures*, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

A Clinique has been established, in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Arrangements have been made to accommodate all patients requiring surgical operations.

Amount of Fees for Lectures in the University is \$105. Matriculating fee (paid once only), \$5; Practical Anatomy, \$10; Graduating fee, \$25.

Excellent board can be obtained for \$3 per week. Further information can be had by addressing

J. B. LINDSLEY, M.D., *Dean of the Faculty*,
No. 33 College st.
Nashville, Tenn., March, 1854. jy 26—tN 1

DEPOT FOR THE SALE OF GOODWIN'S CELEBRATED SPLINTS.—At B. S. Codman & Co.'s, 57 Tremont Row. Splints adapted to every part of the human system, jointed, and of every size, from youth to adult age. These Splints are in general use at the hospitals and public institutions of the United States. Dr. Sainborn's extension and counter-extension Fracture Apparatus. Sheet Gutta Percha. Also a large and well selected assortment of French, English and American Surgical and Dental Instruments. French and English Syringes; French Anatomical Preparations and Skeletons. Hospitals and Public Institutions supplied on the most favorable terms.

Wholesale and Retail, at manufacturers' prices.

April 18—tf

UNIVERSITY OF LOUISVILLE—MEDICAL DEPARTMENT.—The Eighteenth annual Course of Lectures in this Department, will commence on the 30th of October next, and terminate on the last of February, under the following arrangement:

BENJAMIN R. PALMER, M.D., Prof. of Descriptive and Surgical Anatomy.

LUNSFORD P. VANDELL, M.D., Prof. of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M.D., Prof. of the Principles and Practice of Surgery.

HENRY MILLER, M.D., Prof. of Obstetric Medicine.

LEWIS ROGERS, M.D., Prof. of Materia Medica and Therapeutics.

J. LAWRENCE SMITH, M.D., Prof. of Medical Chemistry and Toxicology.

AUSTIN FLINT, M.D., Prof. of the Theory and Practice of Medicine.

T. G. RICHARDSON, M.D., Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The fee for admittance to the Lectures of each Professor, is \$15 (105 in all), payable invariably in advance. Matriculation and Library fee together, \$5; Graduation fee, \$25; Practical Anatomy and Dissection (ticket to be taken at least once before graduation), \$10. Rooms open from 1st October.

A preliminary Course of Lectures will be delivered, without additional charge, during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.—Ticket (to be taken once before graduation), \$3.

A Clinique has been established in connection with the University, at which cases are examined, prescribed for and lectured upon in presence of the class.

☐ Good boarding can be procured at \$3 a week.

L. P. VANDELL, M.D.,
Dean of the Faculty,
Louisville, Ky., June 14, 1854. je 26—

EYE CUPS.—A philosophical instrument, used with much success in improving the vision, when impaired by the impeded manner in which the functions of secretion are performed. Price, \$3.

Spermatorrhoea Rings.—A simple instrument for preventing nocturnal emissions. Price, \$2.

Either of the above instruments can be sent by mail with safety.

Dr. Needham's Bellows Breast-Pump.—A new and the best pump in use.

Physicians and others are invited to examine the above articles at 27 Tremont Row, opposite the Museum, Boston, Mass., where all orders should be addressed. J. RUSSELL SPALDING, Agent.
Dec. 7.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, OCTOBER 18, 1854.

No. 12.

THE CASE OF THE STRONG-MINDED WOMAN FROM BOSTON, IN A SUGAR-HOUSE, WITH BRONCHITIS, &c., ILLUSTRATING THE THERAPEUTIC POWER OF THE VAPOR OF BOILING CANE-JUICE.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

ACCORDING to Walshe and the best authorities, the morbid anatomy of bronchitis generally consists in a turgescence and thickening of the mucous membrane, lining a greater or less extent of the inner surface of the aërial conduits; also in pellets of mucus and epithelium and exudation corpuscles blocking up the small bronchi; thereby excluding the free admission of air into the corresponding cells and the intercellular passages leading to them. The superabundant bronchitic secretion, itself, often acts as a very serious impediment to the free ingress and egress of the air to and from the cells. This secretion is sometimes so copious as to cause defective resonance. In the early dry and inflammatory stage, where thickening and turgescence of the mucous lining of the tubes constitute the chief anatomical feature of the disease, the resonance is mostly unimpaired. But when one or more bronchi become plugged up with exudation matter, as in plastic bronchitis, or with a dry, viscid secretion, as in some hot, inflammatory cases, the respiratory murmurs disappear in corresponding spots of the lung, or become weakened almost to suppression in the tissues communicating with the obstructed tubes, while they become exaggerated in that part of the lung in connection with the open tubes. In the acute forms of the disease, inflammation of the mucous membrane, lining the air passages, is necessarily attended with a turgescency or temporary thickening of the tissue implicated in it. Whereas, in the chronic form of the complaint, a similar turgescence and thickening of the lining membrane of the air-passages are the natural results of the debility, relaxation and want of tone in the capillary vessels of the membrane itself. Finally, the structure and form of the tubes, lined by the morbid membrane, undergo anatomical changes. Their calibre widens in some places and contracts in others. The anatomical changes, produced on the parts, which such a relaxed, morbid membrane covers, are very distinctly seen in the throat of the living subject, in many instances; while a post-mortem examination will discover them in the bronchi. In the throat, the

tonsils are apt to become hypertrophous, when covered by a tissue whose capillary vessels have lost their tone; but more often the uvula. Invested by such a membrane, the longitudinal and circular fibres of that little muscular organ, increase so much in size, that it becomes too large and long for the purposes for which it was intended, requiring the scissors to get it out of the way. From the throat down to the most distant air-cells, the same tendency to hypertrophy and other morbid anatomical changes obtains in the parts immediately beneath, and in the vicinity of the widely-extended membrane; the capillary circulation of which has become impaired from preceding inflammatory attacks, an impoverished state of the blood, or from other causes. All the way beneath such a puffy, atonic membrane, morbid changes are here and there detected by the knife; either in the bronchi themselves greatly dilated or contracted—perhaps calcified; the lung substance condensed in places from pressure, and the cellular coat thickened and increased in depth. Most fortunately the throat affection is the first to give warning of the morbid state of the mucous membrane lining the air-passages. But most unfortunately the warning, thus timely given, is too often but little heeded. The physician is too apt to content himself with clipping the uvula and applying nitrate of silver or something else to the throat. He may even make a virtue of his dexterity in passing the glottis and applying his sponge, saturated with a solution of the nitrate of silver, directly to the relaxed, congested membrane, almost as far down as the bifurcation of the trachea. But if he does no more than this, and rests content with medicating the upper portion of the membrane, the patient *will surely die*, of bronchitis or consumption, about as soon as if he had done nothing to relieve him. The anatomical changes going on in the parts lined by the upper portion of the membrane, from the bifurcation of the trachea to the upper part of the throat, are seldom dangerous in their character. An elongated uvula, enlarged tonsils, thickening, inflammatory engorgement and superficial ulceration of the lining membrane of the throat, seldom kill. But it is the morbid changes in the membrane, and the parts subjacent to it, in its course from the bifurcation of the trachea to the air-cells, that kill. If the application of the nitrate of silver to the upper portion of the membrane be associated with cures of bronchitis or consumption in its incipient stages, it is thought to be more owing to the virtues of the accompanying general treatment than to the application itself. It is very true, that the application often gives great temporary relief, as an emetic would do, by disembarassing the air-tubes below the bifurcation of much of the mucous and viscid matters obstructing them; thus opening the passage to the free admission of air to the blood. It does not cause the debility of an emetic, and is perhaps preferable in fulfilling the indication of removing obstructing viscidities, preventing the free admission of air into the pulmonary cells. But a syrup made of iodine and the hydriodate of potash (half a drachm of the former and a drachm of the latter, in an ounce or an ounce and a half of syrup of morphine), as first advised by Prof. Merrill, of Memphis, is a much better substance than the nitrate of silver to apply to the throat; and a piece of raw cotton wrapped with fine thread around the

probang, a much better instrument to apply it than the sponge. It does all the good that the nitrate of silver does, and more too. It does not disorganize the membrane that it is applied to, and produces less pain and inconvenience: but especially its exceedingly nauseous taste causes a longer continuance of the spitting and retching; thus more effectually freeing the smaller ramifications of the bronchial tubes of the mucous and viscid matters obstructing them, than the nitrate of silver, or even the feather dipped in disgusting oils used by the ancients, or our forefathers' emetic of ipecac. and sulphate of copper. The temporary beneficial effects of the direct application of the nitrate of silver by the sponge and probang to the diseased membrane, lining the throat and trachea, as practised by Dr. Green; of iodine syrup, as practised by Prof. Merrill; of chlorine inhalations, as practised by Cottureau; of the fumes of iodine, creosote, and many other acrid substances, as practised by various other persons, are all based upon the erroneous theory, disproved by morbid anatomy, that the danger in bronchitis and consumption lies in the morbid condition of the mucous membrane of the throat and the larger tracheo-aërial passages: whereas the knife after death, and observation before death, prove clearly that it arises from the thickening and abnormal condition of that membrane, in its prolongation through the smaller bronchial ramifications, to its terminus in the air-cells, and also to the morbid anatomical derangements in those smaller tubes and the lung substance in which they terminate. It is evident, that chlorine, iodine and creosote in the shape of vapor, or nitrate of silver in powder, cannot penetrate further than the larger bronchi. Their free admission into the air-cells would necessarily be fatal. Long before they get there, they cause so much irritation as immediately to produce a sense of suffocation and violent efforts to expel them. In these efforts much mucus, obstructing the smaller air-tubes, which they have not reached, may be expelled and considerable relief afforded; but not perhaps more than after an emetic or the application of nauseous and irritating substances to the throat and upper part of the trachea. Death is seldom caused, as has been before said, in bronchitis or consumption, by any thickening or anatomical lesion of the mucous membrane and subjacent parts in the throat or larger bronchi, but mostly in the smaller bronchi and lung substance. Bronchitis, acute or chronic, inflammatory, spasmodic, or from the debility, relaxation and turgescence of the membrane lining the air-passages, is essentially an *asphyxiating disease*; and there the danger lies. The asphyxiating cause, preventing a proper hæmotosis of the blood, is mostly found in the obstruction of the smaller air-tubes. In capillary bronchitis, the asphyxiating cause, preventing the hæmotosis, is in the cells themselves. To the cells, therefore, and smaller air-tubes, the thickened condition of their inner coat, and the exudation matter filling their calibres, excluding the air and preventing the atmospherization of the blood, we should look for the immediate cause of death in bronchitic diseases by a species of asphyxia.

This view of the pathology of bronchitis, and the power of the inhalation of the vapor of boiling cane-juice, over the morbid anatomy on which the disease is predicated, is well illustrated by the case of the

strong-minded woman of Boston, with that complaint and other ills, in a sugar-house. She was an excellent subject to study the disease upon, in all its stages. Her cutaneous capillary circulation was most active, and the preponderance of the nervous system so great, that any emotion of the mind or the slightest derangement in the vital functions would immediately show itself on the surface. Her head was large, and features prominent and rather masculine. But in every other respect her appearance was highly feminine; her form symmetrical; her skin fair, soft and smooth, and her well-developed limbs tapering into unusually small hands and feet. She had a thick suit of black hair, and although she had reached her fortieth year, it had not begun to turn gray—so active was her capillary circulation. I was called to see this woman by Dr. Revel about four years ago, and found her laboring under an acute attack of bronchitis. She was propped up in bed with pillows—respiration hurried and laborious. The asphyxiating nature of the disease was written in characters too plain to be mistaken on her lips, the integuments covering the malar bones, on her prominent nose and chin, slender fingers and thin nails, which were livid almost to blackness. At subsequent visits I could tell, without touching or asking a question, merely by her external appearance, the degree of pulmonic obstruction interrupting the hæmotosis. After she began to recover, and her expectoration became free and easy, her complexion cleared up and the cyanose symptoms left her. But a shade of sallowness and greenish discoloration of the eye-lids remaining, reflected some uterine derangement. It was hypertrophy.

From her physician and an old acquaintance of hers, I learned something of her history. She was a native of Boston and grew to womanhood there, and was the first to espouse "the *woman's rights*" doctrine. She was impulsive, romantic and enthusiastic. Love of liberty was a ruling idea with her, and she believed in the necessity of another revolution to give the women liberty—the revolution of 1776 having only *given it to the men*. Believing that her own country-women had no less than four masters, all grand tyrants: their husbands, free themselves, but holding their wives in slavery—public opinion based on old English prejudices—French fashions, often most absurd—and finally (not the good and pious, but) the most bigoted class of priests; and seeing no prospect of the emancipation of her sex from either of these tyrants, she was determined to seek a freer country and went to South America. There she sojourned several years, and married and lost a husband or two. Finding herself in Venezuela without resources, she was compelled to look about for some occupation to gain a livelihood. As she was a "*femme sage*," or learned woman, the occupation of "*sage femme*," or midwife, was selected. Not content with that specialty, she industriously did all she could with Ewell, Galen, &c., to qualify herself for the general practice of medicine and surgery. She got plenty of business in two or three of the South American (miscalled) republics—but nowhere was the practice sufficiently remunerative. Those who could labor in the fields under an equatorial sun, were too indolent and would not—and those who would, could not, by reason of the insufferable heat of the

climate. The grass ran away with everything, and there was nothing with which to pay doctors' bills *but wild cattle and horses*—the common currency of the country—very hard for a woman to keep when got, and still more difficult to get hold of. Finally, having seen the elephant in the shape of liberty, she got a little tired of too much of a good thing, and made her way to Louisiana. Coming from an equatorial region, with uterine hypertrophy and some hepatic derangement, to practise her profession in Louisiana, the cold, variable, wintry weather quickly brought on bronchitis. She met with very little encouragement except in obstetrical practice, and some special diseases of females. She was necessarily very much exposed, like all obstetricians, to the cold, damp night-air. Almost every such exposure renewed the bronchial affection. Being a woman of much spirit and energy of character, not only unexceptional in her moral deportment, but with a nice sense of honor against contracting debts for house-rent, cab and horse, servant hire and other expenses, incidental to professional life, she still continued to attend to business, when able to get out of bed, *after* the bronchitis had become confirmed and some of the bronchi had become obstructed or dilated.

Several physicians in succession attended on her. At one time she tried the mesmerizers. They found her to be a *clairvoyant*, and sent her, in the somnambulic state, *to heaven*; but being a conscientious woman, the mesmerizer said, the air was so pure and her breathing became so difficult that he was compelled to wake her. After the awakening, the breathing still continuing most difficult, I again gave her my attentions, and found that it was not the pure, light and rarefied air of heaven, that had so much affected her respiratory organs, but their incapacity to permit earth's coarser atmosphere to pass through them, by reason of the abundant viscid secretions which had accumulated in the bronchial tubes, during her mesmeric sleep. There was the same train of cyanose symptoms, and other evidences of deficient hæmatisis, as when I first saw her. She got better, but not well. At length Dr. Wedderstrandt, long the surgeon of Charity Hospital, and eminently skilful in the diagnosis of diseases of the chest, to which he has devoted much time, both at home and abroad, was called to see her. His diagnosis, based on the physical signs revealed by auscultation and percussion, was chronic bronchitis with some dilatation and obstruction of one or more bronchi. He prescribed a course of treatment, which proved to be beneficial in palliating the distressing symptoms, without permanent relief. She got so much better, however, that she resumed her practice; and one night in visiting a lady patient at the Bay of St. Louis (a short steamboat run from New Orleans), she accidentally fell in the water between the steamboat and the St. Louis wharf. She remained floundering in the water for some time before she was found and extricated—her fall not having been perceived. After this accident her bronchial affection returned with renewed violence, entirely disqualifying her for business, and confined her to her arm-chair and bed. She sought the council of various physicians, not only for the bronchitis, but for a most painful neuralgia in one of the lower limbs. None afforded her any relief, except the famous Dr. Turnbull, of eye and ear notoriety. His

remedies relieved the neuralgia for a few days during the time she was under their stupefying effects. She showed me the prescription, which she had got the apothecary, who put up the pills, to transcribe for her. Each pill consisted of upwards of a grain of the extract of hyoseyamus, the same quantity of the extract of conium, a little hydrargyrum cum creta, and about the eighth of a grain of *veratria pura*. After taking several of these pills during a day or two, she became insensible to pain. But on their effects wearing off, the symptoms grew worse, instead of better. The pills were resumed from time to time, with decreasing benefit and increasing evils, until she was compelled, after having had unbounded confidence in the prescriber, to give them up. In the mean time her flesh was rapidly wasting, her strength daily failing, and she became dejected and desponding. The person whom she had entrusted with most of her money, had run off with it, and she was compelled to part with her available effects to raise the means to pay her board. She tried the country air, but nothing seemed to benefit her.

At length the sugar-rolling season of 1853 had come. I prevailed upon her to try the sugar-house remedy for her bronchitis, which now had begun to assume the appearance of consumption in its last stage, excepting the discoloration of her skin. I heard nothing more from her, after she went to the sugar-house, until the 6th of January last; when I received a letter from her, saying that she "had just returned from a trial of the sugar-house treatment, and was perfectly certain that if the patients were suffering from disease of the lungs alone, it would benefit, if not cure them entirely." The strong-minded woman is mistaken, as the benefit or cure depends much upon the nature of the case. A careful auscultation by *an expert* should be submitted to. No reliance can be placed on inexperienced auscultators, as they would be apt to keep out those who ought to go, and send those who had but very little lung left to communicate sounds to the ear. She proceeds in her letter to say: "When I first went into the sugar-house, I felt, for two or three weeks, like a new being; my appetite returned, I gathered strength daily and I could take exercise to any amount without fatigue, and I really rejoiced to think I was getting well: but at the end of that time all my bad symptoms returned in full force; the cough was worse, and the attacks of suffocation so great, that I dared not move lest I should die. The uterine tumor enlarged and reached the umbilicus, and this was the cause of all the suffering and spasms of the pelvic region. I lay thus for three days, when the catamenia became fully established and all the symptoms subsided, and I returned to my usual health again, to suffer the same process the next month. Here, then, is a solution of my difficulty, my disease being uterine."

The intelligent reader will perceive, that the inhalation of the vapor of boiling cane-juice did more for the strong-minded woman of Boston in a sugar-house with bronchitis and other ills, "*than had been bargained for.*" If it had stopped at making her feel like a new being, restoring her appetite, giving her strength to exercise, and dissipating her bronchitic ailment, all would have been well; but it proceeded further, to restore the long-lost catamenial discharge; and in doing so, swelled the womb,

causing severe pains and spasms in the pelvic viscera, and actually brought on a return of the cough and the suffocating symptoms *for three days*, until the catamenial flow became fully established, when all was quietude and exemption from pain, and she feasted on health during the term of a lunar month, when the feast was again disturbed for a few days.

Having spent nearly her last dollar, before she went into the sugar-house, and not having the means to commence city practice, I advised her to go to the country and to confine her practice to a specialty. She would not need a horse, cab and servant as in the city, because the country people had plenty of conveniences of that kind, and would always furnish her a speedy and comfortable conveyance, when her services were needed. As she disliked to be considered as a mere midwife, and had a great horror lest the country people should call her "*granny*," I suggested that she should call herself a *sage femmeist*, professor of the science of *sage femmery*. The French population would understand it as meaning a midwife, and would suppose from the suffix that it meant something over; while the Americans, fond of new terms, not well defined, would judge of its meaning by her practice. When last heard from, the strong-minded woman had just finished performing some surgical operation on the foot of some masculine biped, but in general her own sex gave her enough to do. She was not entirely well, however, being still subject to more or less pain and cough at her menstrual periods; often disqualifying her a few days, every lunar month, for professional duties.

Having touched, in the beginning of this article, on the pathology of bronchitis, and having endeavored to show that the danger chiefly consists in the morbid condition of that portion of the mucous membrane, which lines the smaller bronchial tubes and the abnormal alterations of structure in the parts lined by and immediately in the vicinity of the diseased membrane, it is only necessary to say, that the fragrant saccharine vapor is applied to the whole extent of the diseased membranous surface. It is perfectly respirable, and can, not only penetrate wherever atmospheric air can enter, but it evidently possesses the power of opening obstructed bronchi and letting in the air by resolving and attenuating the morbid exudation matter which blocked them up. In this, it possesses great advantages over nitrate of silver, iodine, and the fumes of acrid irritating substances, which can come only in direct contact with that portion of the diseased membrane, lining the throat, trachea and large bronchi, from which there is the least danger. The vapor of boiling cane-juce, when respired, may produce some specific beneficial effect directly upon the diseased membrane itself, or it may act only indirectly, by letting in the atmospheric air to the cells; thereby effecting a more perfect atmospherization of the blood in the lungs. That defective hæmatisis leads to bronchitis and consumption, there can be but little doubt. But as I go for facts, and care but little for hypothesis or theory, it may be well to add, that the sugar in the cane plant is a vital product, or at least subject to the same laws as fibrin. The saccharine matter in fruits is produced by chemical affinities, and not by vital actions. Whereas cane-sugar is formed by vital laws, as muscle is, and not by chemical

agencies. The same rules and principles which apply to the preservation of the flesh of slaughtered animals, apply with all their force to the making of good sugar. The hardest frosts will not hurt ripe cane, provided it be ground before a thaw. In this it resembles butchers' meat. Hence the reason of the remarkable fact, that better sugar is made beyond the tropics than in them. The essential salt of cane-juice is technically called *dextrogyrate* sugar, because its solution rotates the plain of polarization of polarized light to the right. No other saccharine matter than *dextrogyrate* or *vital* sugar is contained in the cane plant. After the canes are cut, unless the weather be extremely cold, whether the juice be expressed or not, chemical changes begin almost immediately to occur, as in the blood and flesh of slaughtered animals. Instead of putrefaction, as in flesh and blood, fermentation takes place, and the *dextrogyrate* begins to be converted into *laevogyrate* sugar, which rotates to the left. The refiner's art can convert it into *glucose* and make it assume the crystalline form, looking pretty and white, and rotating to the right again; but no art can ever re-convert it into a substance possessing its original properties—its lost aroma cannot be restored. That aroma is very volatile; it is as effectually destroyed by double refining, as the aroma of wine by its distillation into alcohol. Loaf sugar, however, when made, by what is called the "first process" on the same day the canes are cut, preserves much of its aromatic odor. It is the volatile aroma in the cane-juice, which, perhaps, imparts some specific virtue to the vapor that hangs, like a cloud of incense, over the boiling kettles of a sugar-house. Although something is known in regard to it, there is yet much to learn.

The case of a Philadelphia lady in a sugar-house, with *aphonic, hæmorrhagic, tubercular phthisis*, will close these papers, at least for the present. Hers is called the battle-ground case, because the sugar-house in which she tried the remedy is on a plantation below New Orleans, between Lake Borgne, where the hostile fleet lay at anchor, and the line where the foe was so gallantly met on the memorable 8th of January, 1815. It remains to be seen whether that locality, already classic in history, will hereafter have any claim to be so regarded in medicine.

Canal st., New Orleans, Sept. 14, 1854.

LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER XV.

§ V. TREATMENT.—We have now arrived at the most important point in this study. Hitherto, we have been enabled to do hardly more than describe the partial results of the treatment. We now have it in our power to consider it in a general manner, and to lay down the principles which should regulate it.

The treatment which we employ being almost exclusively mechanical, and consisting in the introduction of foreign bodies into the cavity of the

uterus, you ought, gentlemen, before having recourse to it, to assure yourselves with the greatest care that this organ is not, at the time, encumbered with the product of conception, for you will easily understand what inconveniences may in the opposite case result from even a simple introduction of the sound. Before, then, introducing the sound, whether as a means of treatment, or simply to elucidate your diagnosis, you ought to ascertain carefully the state of the uterus, to find out when the last menstruation took place; to learn precisely its epoch; to inquire by a suitable course of questioning if there have not been some of the rational signs of pregnancy; to make yourselves acquainted, by means of the tactile examination, with the state of the cervix uteri; and to abstain from interference if you are not perfectly certain that the organ is unimpregnated.

But if, after the most scrupulous examination, there remains any doubt in the mind, you ought to wait and refrain from passing the sound, or from the application of the stem pessary, until after the next menstrual epoch. You might even recommend to the patient, upon some pretext or other, to come to you during the menstrual period, in order that you may ascertain the existence of the sanguineous discharge for yourself. This is indispensable, as it will sometimes happen to you to meet with women who have motives for deception, and it is only by taking the precautions I point out to you, that you will be able with certainty to avoid accidents which in practice might cause you to regret a hasty interference.

Replacement of the Uterus by the Sound.—The treatment should always commence with *repeated introductions of the sound*. The instrument is introduced according to the rules which I have marked out for each species of displacement; only in place of withdrawing it with the finger upon the stem, as we do when we measure the depth of the uterine cavity, the finger is left in the vagina, and pushes the cervix in a direction opposite to that which it effected before the passage of the sound. The object of this movement is that the uterus may remain longer in the situation in which it has been placed, and even to exaggerate the direction given to it by the sound.

With the same end in view, we shall also, while the sound is in the uterine cavity, turn its concavity from the side opposed to that of the displacement (*retourner sa concavité du côté opposé à celui de la déviation*). If the uterus is displaced forwards, we should not insist too much upon this movement, rendered difficult by the vicinity of the pubis, against which the handle of the instrument presses, whilst in the cases of displacement backwards, the freedom of movement is unimpeded, the soft parts of the perineum, against which the handle is carried, allowing themselves to be easily depressed. It is perhaps for this reason that of late I have been able, by means of the sound alone, to cure several backward displacements, and in particular, retroflexions. It is true this last form presents greater facility of reduction, in consequence of the softness of the tissue at the very level of the flexion. This softness permits the uterus to fall directly forward, and to maintain itself there so well, that it is often found after from one to several hours in the situation which has been given to it.

In spite of the excellent effects produced by the sound (even in the cases in which it does not bring about a complete cure, since it prepares the uterus to receive and support a stem-pessary—see page 273 et seq.), there are authors who criticize its employment and proscribe it entirely. Of this number is Dr. Ashwell (*Practical Treatise on Diseases Peculiar to Women*, London, 1848), who regards it as a bad and insufficient remedy. I doubt not that many of these physicians will divest themselves of this unfortunate prejudice when, after having employed the sound, they shall have seen supervene a rapid alleviation—a disappearance (often complete) of the pains, and in all cases a greater facility in the introduction of the stem-pessary. If, now, they reject it without a sufficient acquaintance with it, it is because they judge rather in accordance with impressions due to preconceived ideas, than from the results of observation.

Employment of the Intra-uterine Stem-pessary.—In all cases, in which the repeated employment of the sound does not suffice to bring about a complete cure, we must have recourse to the stem-pessary. The moment has then come to make you acquainted with this instrument. I will give you, first, a complete description of that which we employ, and which represents the last degree of perfection and simplicity to which we have at present attained. As to those of which I made use previously to the adoption of this, I have almost entirely renounced them. I shall content myself, consequently, with indicating to you briefly in what respect they differ from that just mentioned, and my principal reason for abandoning them.

Description of the Intra-uterine Stem-pessary.—The *intra-uterine stem-pessary, with a jointed stem*, presents a stem destined to penetrate the uterine cavity. This stem, made of metal or ivory; of a length varying according to the case under treatment; of the volume of a goose quill; surmounts a metallic disc, two centimetres in diameter, and is fixed to the superior surface of the disc upon which should repose the os uteri, when the stem is in the womb. This first part of the apparatus is united, by a joint furnished with a spring, to another stem—of metal—which being destined to remain in the vagina, has received the name of *vaginal stem*.

The spring situated at the junction of the disc with the vaginal stem is disposed in such a manner that it seems to maintain these two parts flexed upon each other at a right angle. Upon opening the spring we can lower the disc, and the uterine stem which surmounts it, so that they shall be continuous in a straight line, with the vaginal stem. The mechanism of the spring does not oppose the flexion upon each other of the two stems after they have been united in this position; but when they have arrived at a right angle with each other, the springs comes into play (after the manner of those adapted to certain knives called *poignards*), and maintains them fixed in this situation.

The vaginal stem is made hollow to receive a solid stem, which is united at a right angle, and without a joint, to a framework. This framework is intended to find its support upon the abdomen, its direction therefore being almost parallel with that of the intra-uterine stem; and move-

ments given to one of these two portions of the instrument should be communicated to the other when the apparatus is applied, the stem of the outer framework being introduced into the hollow of the vaginal stem.

The two distinct parts of which the apparatus is composed are kept united by means of a thread passed through a hole in the vaginal stem near the joint. This thread is tied to the framework.

The framework is fixed upon the abdomen by two bands situated upon its upper part, and forming a girdle. Two other bands, destined to serve the purpose of *perineal bands*, are attached to its lower part near the point to which should be tied the thread which unites the two portions of the instrument.

This instrument thus constructed differs from Prof. Simpson's, in the first place, in the size of the disc, which in his is oval, and in its longest diameter measures more than four and a half centimetres, its application being thereby rendered difficult, as it is necessary to pass it into the vagina in company with the finger, which guides its course. This, therefore, is the first thing which it occurred to me to modify in the instrument of Professor Simpson.* Having occasion at the time to treat a virgin, I caused the disc to be entirely suppressed upon the instrument which I was about to apply to her; for although in several cases I have been able to introduce an ordinary instrument without injuring the hymen, it is no less true that it was always necessary to redouble all precautions, and that the manœuvres were always more difficult. In consequence of this modification, the anterior lip alone of the cervix resting directly upon the vaginal stem, would have sustained the womb, and I do not think that any inconvenience would have resulted from it. Unfortunately, this patient left us before we were able to complete the treatment, and we must therefore await a new opportunity to enlighten us on this head.

Another difference, and that a capital one, is that in Simpson's instrument, the disc supporting the uterus is soldered to the vaginal stem; the flexion is therefore permanent, and to introduce the instrument it is necessary to adapt to the vaginal stem a handle very much curved in the opposite direction. I for a long time made use of this stem pessary à *flexion fixe*, (but with a smaller disc), either constructed as I have just told you, or slightly modified in such a way that this vaginal stem, in

* I have, however, since found that the size given to the disc by Prof. Simpson, is occasionally of great advantage. Provided you have to deal with women who have not had children, or those whose uterus is completely bent over upon itself, the small disc is sufficient. But in the opposite case, this small disc dilates the cervix uteri and thrusts itself into its cavity. This penetration of the disc is not a source of real inconvenience by itself, but it results from it that the intra-uterine stem to which it is wished, perhaps, to give a certain length, acquires in consequence a centimetre and a half more, and thence the possibility of touching the fundus of the uterus, and of producing the accidents which are the consequence of such contact. Thus I devised, following out the idea of M. Gallard, a stem-pessary, the disc of which, similar to that of Prof. Simpson, is adapted to the apparatus after the introduction of the intra-uterine stem, and becomes fixed upon the flexion of the instrument. This stem-pessary was very useful to me in a case in which the cervix uteri being dilated to the point of admitting the first and second fingers, the small disc penetrated with the greatest facility.

But I did not stop there. I also caused to be made a pessary, which had no disc, but only a simple stem, encircled by a hollow India-rubber cushion, which can be inflated after its introduction, as is the case with the vaginal *irrigateurs*, of which M. Maisonneuve has recently given a description.

I shall describe, in another place, these new stem-pessaries in greater detail, and will point out the cases in which they have been particularly useful.—NOTE OF M. VALLEIX.

place of being hollow to receive the framework, was, on the contrary, solid, and being elongated, passed into a hole of the framework, where it was then fixed by means of a screw. With this last instrument, there was no need of a handle to introduce the uterine stem, the vaginal stem being sufficiently long to supply its place. After the introduction, the two parts of the apparatus remained firmly united—an important point, since it was especially to prevent them from separating, as took place in several cases (Case XIV.), that I conceived the idea of introducing this modification. Since then I have dispensed with this arrangement, because I have found that the simple waxed thread which I use in preference, answers perfectly well.

The stem-pessary, *à flexion fixe* [without a joint], was usefully employed in a considerable number of cases, and especially in those of anteversion, with or without flexion, in which its introduction did not offer so great difficulty. But the case was different in retroversions, and especially in retroflexions, the curvature which the instrument formed with the handle for introduction (*porte-tige*) pressing against the pubis, rendered the operation laborious, difficult, and sometimes impossible.

It was the desire of obviating such inconveniences which led me to seek to devise a means of suppressing the flexion of the uterine upon the vaginal stem during the introduction of the instrument—that flexion to be re-established when the pessary should be in situ.

I at once attained perfectly the end proposed, with an instrument unfortunately too complicated. It was the stem-pessary *à flexion mobile*, of which I here give an abridged description: A button situated externally brings into play a screw, by means of which the uterine stem and the disc which support it, are raised or lowered at will. A graduated scale, placed near this button, indicates the degree of inclination of the uterine stem. The framework is fixed by means of a screw upon that portion of the vaginal stem which is quite external to the vulva.

It will be seen that this instrument does not possess all the simplicity desirable; but besides that it is complicated, it is open to the objection that its weight, which is considerable, fatigues the patient very much, and that this projection of the vaginal stem, beyond the vulva, allows of its incurring unexpected shocks and transmitting them to the uterus to develop there very great pain.

Its greatest advantage is that of permitting the gradual elevation of the uterus, and the maintenance of the organ as long as is thought proper in the intermediate positions, whilst with the jointed instrument it is necessary to come at once to the complete replacement, and then it is only with the sound that these intermediate positions are passed through.

After having explained to you the most important modifications the instrument has successively undergone, and the motives which led me to adopt them, I will now add that, for a time, I had the framework furnished with a pad made of a soft skin to avoid the friction of a hard body against the pubis, but that I discarded it because it caused a sensation of insupportable heat, and because once impregnated with perspiration and mucosity it gave out a disagreeable odor, while a little wadding placed between the metallic framework and the abdominal wall answers the same

purpose, and has the advantage of being more easily renewed with a view to cleanliness.

I will further state that Professor Simpson differs also from us in not employing bands and contenting himself with bending well over the pubis the framework, which he makes very small. As for myself, I find in the bands the advantage of fixing the instrument more firmly, and of enabling us—according to the way in which they are attached—to vary the inclination of the uterine stem in this or that direction.

OBSERVATIONS ON EPILEPSY.

[Continued from page 222.]

THE following remarks, in Copland's Medical Dictionary, on the Treatment of Epilepsy, are directly in point:—"Bleeding has been advised in the paroxysm; but unless in the epileptic convulsions of the puerperal states, or when the fits are attended by very marked plethora, or cerebral congestion, or in a first attack, especially upon the suppression of some sanguineous evacuation, it should be deferred." I think it should be deferred in most of these cases, as will appear in his own remarks. "Besides, it cannot easily be performed in the convulsive stage of the paroxysm, at which time it is most appropriate. In the soporose period of the fit it should not be resorted to, unless apoplectic symptoms be present. I have seen it at this stage cause a return of the paroxysm as soon as sensibility had been partially restored. A gentleman residing near Portman Square, had been under my care, in the spring of 1833, for articular rheumatism. He soon recovered and went out of town. Towards the close of the year, whilst in Scotland, he had an epileptic attack, and was blooded in the arm, and cupped soon afterwards. This was the second seizure, the first having occurred two or three years before. He returned to town immediately after this second attack; and when I saw him, there appeared no occasion for further vascular depletion; a course of alteratives and stomach purgatives was therefore directed. Three or four days afterwards, he had a third seizure, and was brought home in the soporose stage of the fit. I did not see him until about two hours afterwards; and then a physician, who had been called in whilst I was sent for, had had him cupped largely! But soon after depletion, and as sensibility was returning, the paroxysm recurred. The obvious course, in this case, was to have caused the patient to be removed to bed, and to have stated that nothing further was requisite in that stage of the fit, until the patient had partly slept off the exhaustion; when the physician in attendance would pursue that course which his knowledge of the antecedent disorders and state of the patient would warrant. Whilst this was passing through the press, a man of middle size, apparently about 40, consulted me; and stated that he had been seized with the first paroxysm of the disease immediately *post coitum quinquies repetitum duabus cum puellis intro horas perpanetas*; that he had been blooded to about a pint soon afterwards, and experienced a still more severe fit about a month after the first; that the third seizure

occurred about a fortnight after the second, during which he fell down and cut his head, the cut part having bled a pint at least; that his usual medical attendant, arriving soon after the termination of this fit, bled him largely from the arm, but that as soon as the vein was closed, the fit returned, and that during the struggle the vein broke out, and the blood was allowed to flow until two or three pints were taken in addition to the quantities lost just before. The person who accompanied him to my house, on account of his weak state, and who witnessed the paroxysms, stated that this last was most severe; and that the fit which occurred during the depletion, and which was attempted to be put a stop to by continuing the abstraction of blood until a very unusual quantity was lost (about five pints in all), was remarkably prolonged and violent. The patient is now pale and weak, with a waxy appearance of the surface: completely exhausted physically and mentally, and constantly dreading a recurrence of the paroxysms. This case furnishes a very remarkable instance not only of the failure of large bloodletting in arresting or shortening the fits, but also of its influence in rendering them more frequent and violent when injudiciously prescribed."

The Latin in the above quotation, shows that excessive venery may be the cause of an epileptic attack, in accordance with our remarks above on masturbation.

Dr. Armstrong says, "Excess of venery is very often the occasion of epilepsy, and still more frequently, excess of that solitary vice, onanism, of which I have seen some most lamentable examples." Dr. Eberle says, "Excessive evacuations are among the exciting causes of epilepsy; and this is particularly the case with inordinate seminal evacuations, either from excessive venery or masturbation."

In these cases we have still additional proof of epilepsy being caused by *debility*.

I only add that Dr. C.'s resort to "purgatives" was but little if any better treatment than the other physician's use of the lancet. I am not opposing bloodletting, in cases where it is indicated, nor the use of purgatives, where required; but it must be a rare case of epilepsy to demand either.

[To be continued.]

ARSENIC-EATING.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having been familiar with the statements of M. de Tschudi, for some little time, and believing that where there was so much *smoke* there must be at least *some fire*, I was not greatly surprised to hear from the lips of a gentleman in Troy, N. Y., last winter, a statement which, if correct, goes a little way to corroborate the account from Austria and Styria. I am sorry I did not seek for further proof of the truth of what my informant asserted, but there were various reasons why I neglected to do so. But to the statement:—

I was speaking one day of arsenic-eating generally; but particularly

of M. de Tschudi's account of its effects on horses, when Mr. Chandler, a worthy and highly creditable merchant of that city, observed that it was very common for the keepers of some of the livery stables in Troy to *drug* their horses, as they called it; and that on inquiry what drug they used for this purpose, they said it was arsenic. The account which these men gave Mr. C. of its effects corresponds almost exactly with the account of its effects in Europe. To your readers, I know, this will be hearsay testimony; but to me it is almost or quite a fact.

Yours truly, W. A. ALCOTT.

Auburn Dale, Oct. 5, 1854.

LACTATION IN AN OLD WOMAN.

BY E. WARREN, M.D., EDENTON, NORTH CAROLINA.

I DESIRE to add another instance to those already recorded, of abnormal lactation, the truth of which can be substantiated by the testimony of many respectable persons in this community.

Mrs. W., aged 55, who has long experienced bad health, and whose catamenia ceased many years since, received into her house about 18 months ago, the child of a mother who died two days after labor.

The infant was very feeble and fretful, and as a means of keeping it quiet, Mrs. W. got into the habit of putting it to her breast.

After continuing this practice regularly for six months, she was one day surprised to find the child sucking away as if it really were enjoying a repast of maternal milk. On examination, she found her mammæ distended, and filled with a fluid possessing all the properties of ordinary milk. All other nourishment was immediately suspended, and the child raised entirely on the pabulum thus wonderfully supplied. Up to that period, it had been extremely delicate, but as soon as it commenced with this new article of diet, it recuperated rapidly, and is now a vigorous child. The supply of milk continues, but the quasi mother is beginning to think about weaning her child. The illiterate of the neighborhood look upon the whole thing with superstitious wonder, and believe that a miracle was performed for the preservation of the life of the child.

It was certainly strange, that a woman so well advanced in years and of such an enervated, impaired constitution, should furnish a supply of milk so wholesome in quality, and so abundant in quantity, to the child of another person.

It is but another proof, however, of the wonderful adaptability of nature to every possible emergency, and an additional evidence of the power and goodness of that Providence which "orders all things for the best."—*Virginia Medical and Surgical Journal*.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 18, 1854.

Spongio-Piline.—This is rather an un-euphonious name of a new invention, that will be found, on trial, a convenient and comfortable article. It would have been quite as well to have called it *poultice cloth*, and then every body would have understood the subject. Our excellent neighbor, Mr. Burnett, druggist, 39 Tremont street, has imported a variety of contrivances made from it, in the form of knee caps, feet warmers, chest protectors, &c. &c. The substance is a loose, spongy, elastic cloth, somewhat resembling wool batting, coated on one side with India rubber. Accompanying the different pieces, are a multitude of certificates, some from gentlemen well known, and others from those never heard of before, who declare, unequivocally, that the spongio-piline is quite superior to all and every thing else in the world for certain purposes. On examination, it is evident that no witchcraft is necessary to comprehend the real value of the invention. Exhalations from the surface, where a sheet of it is applied, cannot escape, and therefore the skin is softened by its own confined fluids. This, therefore, is poulticing. For a protection to the chest, we can safely say it promises well. Invalids protected by an apron suspended from the neck, would unquestionably derive benefit from it. We have had no experience with the new manufacture as a poultice, but see very clearly how it may be an efficient substitute for the old methods. Economy and convenience would naturally influence surgeons to patronize a substitute for Indian meal and flax-seed. What the eminent surgeons of London declare respecting the invention, is doubtless true, and consequently the profession are provided with a dry poultice which they can make as wet as they please.

Human Physiology.—Worthington Hooker, M.D., Professor of Theory and Practice of Medicine in Yale College, has recently given to the public another good book. It is designed particularly for colleges and the higher classes of schools, and bears, both in its external typographical appearance and in its internal character, the marks of having passed through the hands of excellent workmen. Messrs. Farmer, Brace & Co., 4 Courtlandt street, New York, the publishers, have made a safe investment, we believe, notwithstanding the fact that half a dozen similar productions are on sale in the United States, expressly intended for the same intellectual market. The volume is subdivided into three parts, under which are discussed the various topics which are of most consequence to a general scholar. There is a happy blending of anatomical description with physiological illustrations of the laws of life, which will be found highly instructive to inquiring minds, although often presented before in other forms. To do any kind of justice to the descriptive powers of Dr. Hooker, a systematic review should be instituted; but such does not fall within the province of this Journal. Of the drawings, the less said the better, because there is no correspondence between the beauty of the text, and that of the wood cuts. They are too hard and too black, and besides, altogether inferior as artistic representations of nature's beautiful mechanism. To a person, however, familiar with the real appearance of the organs, pictures are not absolutely neces-

sary. On the other hand, those who might commence their first lessons in the study of human anatomy over these figures, would be quite likely to undervalue nature, on the supposition it was truthfully represented by them. Notwithstanding their deficiencies, and without equivocation, we can truly say that we believe this volume is of great value. Many popular errors will be corrected by it, much accurate knowledge imparted, and sound and useful doctrines, having a direct bearing on the physical condition of mankind, explained and enforced. We hope the rare merits of the diligent author will be both appreciated and patronized.

Orthopædic Surgery.—Nothing of special moment has been announced for a long while touching this branch of surgery. In former times, papers were flowing in, treatises were published and republished, and daring exploits among contracted tendons surprised our elderly surgeons. Surely, the field still remains large enough for cultivation. Accidents and congenital malformations are constantly presenting, but yet little is said about the great relief by operation that was on every body's tongue when the subcutaneous operations were first introduced in this region. Occasional reports of cases, or at least, a communication now and then, from those conversant with this particular branch of the profession, barely to apprise the fraternity what discoveries have been made, what new processes devised, or dressings applied, would be gratefully received. We find it more difficult to know the actual progress in orthopædy, than in the other branches of surgery. Perhaps the fact may in part be due to the small number of practitioners who attend to it; and in the next place, to a want of leisure to write out the details at their disposal. Any favors, however, from such, would be well received by the profession at large.

Decline of Cholera.—Official bulletins, where the mighty scourge has been most destructive during the summer, are no longer published. A few sporadic cases occasionally appear, but the general impression among medical men is, that little further is to be apprehended from it the present season. No specifics have been discovered during another cholera season. Here is a vast domain for explorations. If there is no curing remedy, there may be modifying ones worth finding out. The uncertainty of medicine was never more clearly exemplified, than in the defiance of Asiatic cholera to the whole materia medica.

Are Cancers Curable?—A cotemporary of this city, the "Olive Branch," commences quite a long article with the above interrogatory. We began to read it with great care and attention, expecting, as a matter of course, that the writer had either discovered in its pathology some new principle, or else a new and sure method of successfully treating it. But we were caught, and felt as do those who get similarly entrapped in reading the editorial notices of the Russia salve. The article in question was intended for a puff of an "*Indian Cancer Doctor*," who resides in this city, and not to obtain the information asked for in the caption. So far as it concerns us individually, or the profession at large, such methods of advancing the pecuniary interest of some quack or impostor, are of no consequence; but we do, in common with the profession generally, and on account of suffering humanity, protest against such a course. It is of no use to disguise

the fact that an editorial notice, in a paper like the "Olive Branch," recommending a certain doctor or medicine, has great influence with some classes. We have seen so much suffering and disfiguration caused by the applications of these cancer-doctors, that we feel it our duty to caution every one from having anything to do with them. Every tumor and excrescence, with these cancer-doctors, is a cancer, and they apply their *arsenical paste* to cut them down, or "draw them out by the roots." It is quite evident, on reading the article of our friend, that he is not perfectly familiar with the pathology and best treatment of cancer, although he defines "cancer to be a tumor that sends out its fangs in every direction," and that Dr. A.'s "*Indian cancer plaster will draw out the cancer, roots and all.*" Physicians themselves are sometimes to blame, in these cases, by being too hasty in their diagnosis. They should not be so ready to pronounce a case incurable, and thus give to the quack the advantage of having a patient get well under his care. They themselves should first give the case a thorough examination. It was probably a hasty decision given by the doctor in the case of the lady alluded to in the article in question. He informed her that the cancer had "become so putrid that she could not live three weeks;" and this probably induced our cotemporary to speak well of the *great* "Indian doctor," who, he alleges, cured the patient. There was no evidence, however, that the tumor was a cancer, farther than that her attending physician had said it was, which, of course, the cancer-doctor did not wish to contradict.

Boston Dispensary.—The annual meeting of the contributors to the Boston Dispensary was held on Thursday, October 12th, when the usual officers were chosen for the coming year. From the annual reports of the Visiting Physicians for the year ending Sept. 30, 1854, it appears that during the past twelve months 3479 persons have received medical attendance at the hand of the Dispensary. Of these, 2978 have recovered, 110 died, and 225 were relieved. Of the whole number only 20 were Bostonians, while 2126 were Irish, 531 were Hibernico-American, 463 were Americans, 74 were British, and 95 belonged to other nations. Ward 7 claimed the greatest share of attention, there having been 670 sick persons visited within its precincts.

Removal of a large Portion of Maxillary Bone.—Dr. R. A. Miller describes in the April number of the News Letter, 1854, a case of fracture and the consequent removal of a large portion of the superior maxillary bone and floor of the antrum. The fracture was caused by the unskilful attempt of a dentist to extract the second right superior molar. "The fracture commenced immediately in front of the anterior buccal fang of the second molar, and about a third of an inch in front of the palatine fang, and extended up to, and included the floor of the antrum Highmoriarum and back to the pterygoid process of the sphenoid bone." Dr. M. states that the patient is doing well.—*American Journal of Dental Science.*

Diabetes.—Dr. William Bird Herapath reports in the Revue Therapeutique, the use of yeast in one case of diabetes with complete success. It was in January, 1853. Before treatment, the urine of the patient had a specific gravity of 1044, and contained 170 grammes of sugar in the pint. Dr.

Herapath gave the yeast in doses of two and three spoonfuls a-day, taken in milk. At the end of two days, the specific gravity of the urine was reduced to 1020, and contained only 60 grammes of sugar in the pint. In six weeks the sugar disappeared entirely, the urine having assumed its normal character, and the patient was restored to his usual embonpoint and strength. The author explains the cure in the following manner. In ordinary circumstances the glucose is converted, under the influence of the yeast, into alcohol and carbonic acid. But if re-action takes place in the contact of the albuminous and protein compounds, as in the stomach, the product is then lactic acid, acetic acid, and perhaps also alcohol and carbonic acid.—*Virginia Medical and Surgical Journal*.

Medical Miscellany.—A doctor out West, writes to the editor of one of the western papers—"I do not care a fig for the good or bad opinion that the Emperor *Nicolas*, Queen *Victory*, *Jupiter*, or *Satan*, may form of me. *I am I*, Dr. *Ricardo*, and I owe not a cent to nobody." A smart and independent man is that Dr. Ricardo.—A family in East Cambridge, consisting of a man, his wife, and two children, were taken suddenly ill on Wednesday of last week, with symptoms of cholera, and all died within forty-eight hours. Conflicting accounts of the above cases have been reported, and we should feel much obliged to the attending physician for the particulars respecting them.—Dr. Robert M. Graham, formerly of New Orleans, who, it will be recollected, killed Col. Loring, in an affray at the St. Nicholas Hotel in New York, last August, has been convicted of "manslaughter in the second degree." His counsel have filed a bill of exceptions. The punishment for such an offence, in the State of New York, is imprisonment in the State Prison for a term of not less than four, nor more than seven years.—Dr. David B. Hawkes has been appointed post master at Charlemont, Mass.—2350 persons have died from cholera in New York city the past season.—Dr. W. R. Wilde, author of a life of Swift, a clever work on the Boyne and Blackwater, and other productions, has been made surgeon-oculist to the Queen, in Dublin, out of respect for his literary merits.—Yellow fever is prevailing at Galveston, Texas, and many other of the large towns and cities of the South.—Seventy-four persons died on board the packet ship *Harvest Queen*, on her passage from Liverpool to New York.—The Southern Christian Advocate says:—"At Augusta, Drs. Henry F. and Robert Campbell have established an infirmary for negroes. This institution is commendable for its benevolence, and will conduce to a more careful and thorough investigation of the diseases peculiar to the negro race."

MARRIED,—T. T. Ellis, M.D., of Boston, to Miss M. E. Grant.—In Middletown, Conn., Oct. 5th, Wm. B. Casey, M.D., to Miss Margaret De Koven.—In Clinton, Oct. 9, Dr. Amos A. Percy to Miss Ellen F. Judd.—In this city, 13th inst., Dr. Dana N. Moore to Mrs. Sylvia R. Mudgett, both of Halifax, N. S.—J. Foster Jenkins, M.D., of New York, to Miss Elizabeth S. David.

Deaths in Boston for the week ending Saturday noon, Oct. 14th, 72. Males, 37—females, 35. Accidents, 3—inflammation of the bowels, 1—disease of the bowels, 4—congestion of the brain, 2—consumption, 14—convulsions, 1—croup, 3—dysentery, 2—diarrhoea, 2—dropsy, 4—dropsy in the head, 2—debility, 1—infantile diseases, 4—puerperal, 2—typhoid fever, 4—scarlet fever, 1—disease of the heart, 3—hemorrhage, 1—inflammation of the lungs, 1—marasmus, 3—mortification, 1—pleurisy, 2—teething, 9—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 11—above 60 years, 6. Born in the United States, 49—Ireland, 17—England, 1—Scotland, 1—Germany and North of Europe, 3—Portugal, 1,

Treatment of Cholera at Westminster Hospital.—The line of treatment followed in this institution consists of drachm doses of dilute sulphuric acid, and also calomel and opium, in doses of five grains of the first, and one of the second. Restorative means are resorted to at the same time, but brandy is not so largely given as in some other hospitals.

The cases of diarrhœa amongst the out-patients have been extremely numerous, and the treatment by dilute sulphuric acid particularly successful. Mr. Wilson mentioned to us that on Sunday, August 13th, he had had to prescribe for almost one hundred cases of diarrhœa, Sunday being, besides, an unusual day for out-patients presenting themselves.—*London Lancet.*

Albuminuria.—It is a curious fact that patients affected with this disease are very liable to secondary hæmorrhage after operations or any injury. This is probably due to the peculiar morbid state of the blood inseparable from this condition of the system, as it is highly azotized by the urea circulating in it, and the divided vessels do not appear to close by the usual process of coagulation and adhesion, probably owing to the deficiency of albumen. It has also been observed that women who are the subjects of this disease are very liable to severe hæmorrhages after delivery.—*Dr. Lees.*

COLLEGE OF PHYSICIANS AND SURGEONS, CITY OF NEW YORK.—The regular Course of Lectures for the session of 1854-55, commences on Monday, Oct. 19, 1854, and will continue *five months*. A preliminary Course, free to all Students, will as usual be delivered, commencing early in September.

Fees for the Regular Course.—Matriculation, \$5; full course of all the lectures, \$105; Graduation, \$25.

FACULTY.

ALEXANDER H. STEVENS, M.D., LL.D., President, and Emeritus Prof. of Surgery.

JOSEPH M. SMITH, M.D., Prof. of the Theory and Practice of Medicine.

JOHN TORREY, M.D., LL.D., Prof. of Chemistry and Botany.

ROBERT WATTS, M.D., Prof. of Anatomy.

WILLARD PARKER, M.D., Prof. of Surgery.

CHANDLER E. GILMAN, M.D., Prof. of Obstetrics.

ALONZO CLARK, M.D., Prof. of Physiology and Pathology.

ELISHA BARTLETT, M.D., Prof. of Materia Medica.

JOHN A. LIDELL, M.D., Demonstrator of Anatomy.

LEWIS A. SAYRE, M.D., Prosecutor of Surgery.

GEO. T. ELLIOT, M.D., Assistant to the Professor of Obstetrics.

In consequence of the continued ill health of Prof. Bartlett, the Faculty have made the following arrangements for the Session of 1854-55:

Prof. SMITH will deliver the Course on Materia Medica.

Prof. CLARK that on Practice of Medicine, resigning the Course on Physiology to

Prof. JOHN C. DALTON, of Buffalo University.

JAMES KNOX, Janitor, resides in the College, No 67 Crosby street, and will aid Students in obtaining board, &c.

June 23—to 19

DR. S. A. SKINNER'S SURGICAL SPLINTS are manufactured by H. H. MASON, of Springfield, Vt., by whom all orders will be promptly attended to. For reference—

J. V. C. SMITH, M.D., *Editor of the Medical and Surgical Journal, Boston.*

DIXIE CROSBY, M.D., *Prof. Surgery, Dartmouth College.*

E. R. PEASLEE, M.D., *Prof. of Anatomy and Surgery, Medical School of Maine.*

J. P. BANCROFT, M.D., *St. Johnsbury, Vt.*

M. F. COLBY, M.D., *Stanstead, C. E.*

Sept. 13—6m

IMPROVED GALVANIC SUPPORTERS—Highly recommended to be worn in cases of Female Weakness. Wholesale and retail, by

DR. J. CHEEVER,
No. 1 Tremont Temple.

June 25.

KENTUCKY SCHOOL OF MEDICINE.—The fifth session of this institution will begin on *Tuesday, Oct. 31st*, and continue until the end of February, with the following Faculty:—

BENJAMIN W. DUDLEY, M.D., Emeritus Prof. of Anatomy and Surgery.

JOSHUA B. FLINT, M.D., Prof. of the Principles and Practice of Surgery.

HENRY M. BULLITT, M.D., Prof. of Physiology and Pathology.

ROBT. J. BRECKINRIDGE, M.D., Prof. of Materia Medica and Clinical Surgery.

THOS. W. COLESCOTT, M.D., Prof. of Anatomy.

JOSEPH G. NORWOOD, M.D., Prof. of Chemistry.

JOHN HARDIN, M.D., Prof. of Obstetrics and Diseases of Women and Children.

L. M. LAWSON, M.D., Prof. of Theory and Practice of Medicine and Clinical Medicine.

DAVID CUMMINS, M.D., Demonstrator of Anatomy.

Clinical Lectures at the Louisville Marine Hospital twice a week.

A course of Preliminary Lectures at the School and the Hospital during the month of October free of charge.

Material for Practical Anatomy abundant. The dissecting rooms will be opened on the 1st of October.

The fees for the full course of lectures amount to \$105; Matriculation fee (to be paid once only), \$5; Dissecting ticket, \$10; Graduation fee, \$25.

R. J. BRECKINRIDGE, *Dean of the Faculty.*
Louisville, Aug. 14, 1854. au 23—ept 1N

DR. CHANNING has removed to No. 24 Bulfinch street, corner of Allston street.

Office hours from half past 7 till 9 A. M., and from 1 to 4 P. M. May 17—tf

DR. HENRY W. WILLIAMS,
33 Essex Street, Boston, opposite Rowe Street.
Special attention given to Diseases of the Eye.
Nov. 5, 1851.—eptif

PRACTICE FOR SALE.—A well-qualified practitioner, who can offer the best recommendations, may hear of a good opening in a town in Worcester County—to be vacated on account of the ill health of the present occupant. Price \$200, without real estate. Address the publisher of this Journal. Oct. 4.

A PHYSICIAN of some capital, desirous of establishing a lucrative business, in connection or not with general practice, in any of the Southern or Western States, or in the Provinces, will learn of a good opportunity of doing so, by addressing W. J. A., at this office. Sept. 27

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, OCTOBER 25, 1854.

No. 13.

CASES OF POISONING BY THE EXTERNAL APPLICATION OF CORROSIVE SUBLIMATE.

BY H. R. DE RICCI, MEDICAL OFFICER OF THE BALLYMAHON UNION WORKHOUSE.

CASES of poisoning by mercurial preparations are of so rare occurrence, that I am induced to lay before the profession the following account, in which death was the result of the outward application of corrosive sublimate for the treatment of porrigo of the scalp.

P. and W. B., brothers, one aged 11, and the other 7 years, had been suffering from tinea favosa, or porrigo, for a very long period. As well as I could discover, the eldest had labored under it for about six years, and the youngest for about three.

They first came under my notice about a year ago, when they applied for relief at my dispensary ; but finding, I suppose, that the cure was not proceeding sufficiently quick, and that I was not torturing their heads with painful applications, they soon gave up attending ; and eventually, in April last, they applied to one Corny Mack, a shoemaker by trade, but well known through the country as a "skilful man," and he engaged to cure them in a week.

I am induced to believe that they were displeased with my mode of treatment, because on several occasions they *complained* that the ointment I gave them *caused no pain*, and they several times asked me for pitch plasters, which I always refused ; for I have found by experience, in my workhouse hospital, that Dr. Neligan's mode of treatment is decidedly the only one I know of, which offers a chance of cure. I speak thus decidedly upon this matter, because when I began the profession I started with the generally-received idea that porrigo is incurable ; but having had my hospital at one time filled with paupers drafted from three other workhouses, and among them having chanced to get a large proportion of children affected with porrigo, every one of whom had been under some kind of treatment or other ; I instituted a series of experiments in order to test Dr. Neligan's mode of treatment, and satisfy my own mind. The result was as follows :—Of the children treated constitutionally, as he recommends, some recovered ; whereas of those who were treated by local applications of the most varied kind, very few were even improved. But to return to my cases.

The father of these unfortunate children having made a bargain with

the quack, sent them to his house on or about the 15th of April last, and whilst there, Mack rubbed into their heads a white ointment (which I subsequently learned from himself was made with two drachms of corrosive sublimate, and one ounce of tallow). If my applications had been painless, this made ample atonement for all my deficiencies ; pain most agonizing at once set in, and before the doctor shoemaker had done *rubbing in* the second, the first was in torture, screaming that his head was on fire.

The operation being completed on both the children's heads, they returned home, and by the time they reached there, their sufferings were so intense that they could be heard screaming from every part of the village where they lived, and, in about *forty minutes* from the application of the ointment, they were completely delirious. Vomiting of green matter, to a large amount, also set in, together with pains in their bowels, diarrhoea and bloody stools, all in less than three quarters of an hour from the application of the ointment. Thus they continued from bad to worse, till death put an end to their sufferings, the youngest on the seventh day, and the eldest on the ninth day of their illness. During the whole of this time they had not one intermission, and from the moment they returned from Mack's to the hour of their death the screaming, the vomiting and the purging never once ceased.

The youngest child having died, an inquest was held, and I was directed by the coroner to make a dissection of the body, which I did thirty-eight hours after death, and gave in my written opinion "that deceased had died from the effects of a mineral poison, probably a preparation of mercury or of arsenic."

These were the appearances I found:—Body well formed, and not at all emaciated ; cadaveric rigidity well marked. On examining the head I found the scalp studded with small, depressed, circular ulcers of about one inch to an inch and a half in diameter, with fragments of dock leaves adhering to them ; these being scraped off, the bottom of the ulcer presented a peculiar yellow tint, and on making an incision into it perpendicularly to the surface of the cranium, this yellow appearance was seen to penetrate the entire substance of the scalp ; it was of firmer consistence than the adjoining sound pieces of skin, and felt under the knife like cutting through a piece of brawn. I removed the calvarium, and found nothing worthy to note except a peculiar dryness of the entire surface of the brain, which was also present in the ventricles and the spinal canal. The substance of the brain itself was firm and white, sprinkled with minute red points, but not in great number. On opening the abdomen I was again struck by the extreme dryness of all the peritoneal surface. The liver was large, but not extremely so, and its substance on section appeared normal ; the gall-bladder was distended with bile, contrary, I believe, to what has been generally stated to be the case in poisoning by corrosive sublimate. The intestines, as they lay in situ, appeared blotched with pink, purple and brown spots, and a perfect mass of intus-susceptions—I counted twenty-three. On opening the stomach, which was moderately distended, I found the mucous membrane injected with red blood throughout, presenting the most beautiful

arborescent appearance, but not the smallest ulceration or softening. The duodenum was healthy, but the jejunum, ileum, colon and rectum, were all in the highest state of inflammation, especially the lower third of the ileum, and the commencement of the colon, about the ileo-cæcal valve, which was not only inflamed, but studded with some small patches of ulceration, about the size of a pea.

The pancreas, kidneys and spleen, were all healthy; the bladder empty, and contracted to the size of a chestnut.

While this examination was going on, the elder brother died. On the following day, sixteen hours after death, I made an examination of his body also, the details of which I need not give, as the appearances were exactly similar to those just described, with the following exceptions:—The gall-bladder was empty and highly contracted; the urinary bladder quite full; the ulcerations of the intestines were also more extensive, and the stomach presented, in addition to the beautiful pink arborescence above described, some few black spots of extravasated blood.

I had seen this last child alive about two hours before he expired; his countenance was then expressive of extreme anxiety and pain; round his mouth, for the space of about an inch and a half, there was a rash, such as appears often in poisoning by arsenic; he was quite delirious, and died shortly after in convulsions.

The principal points of interest which appear to me worth noticing in the two foregoing cases are, first, the extreme rapidity with which all the severe symptoms set in. So far as I have been able to learn, from the very few cases of external poisoning by corrosive sublimate which are on record, pain has set in immediately in some of the cases; but vomiting and bloody stools have not commenced for hours and days. Now in the foregoing, although, for the sake of greater certainty, I have said that forty-five minutes elapsed between the inunction and the commencement of the bloody stools, yet I believe that I could reduce that interval to thirty or thirty-five minutes, as the children were attacked at once on reaching home, and the distance is easily walked in half an hour or less.

Another interesting feature was the total absence of ptyalism in both cases, and the appearance of cancrum oris in the youngest; whilst a rash very similar to that which occurs after arsenical poisoning appeared round the mouth of the eldest.

The eldest child passed water throughout his illness, although in diminished quantity, and his bladder was found full on dissection.

The youngest had complete suppression of urine from the commencement; and in him I found the urinary bladder empty and contracted, whilst the gall-bladder was distended with bile, contrasting with the elder brother, in whom these conditions were reversed.

The following is the verdict, which was unanimously agreed to by twenty-three highly-intelligent jurymen at the inquest; and before giving it I must premise that, in addition to the other evidence, the quack admitted that he had applied an ointment to these children's heads on the day they were taken ill:—"That deceased came by his death from the effects of a poisonous substance applied to his head for the cure of a disease of the scalp by a person or persons unknown to us."—*Dublin Quarterly Journal of Medical Science.*

SMALLPOX OCCURRING TO THE FŒTUS IN UTERO.

BY R. AULSEBROOK, ESQ., M.R.C.S.E. AND L.S.A.

I AM desirous of placing upon record the following case of smallpox occurring to the fœtus in utero, which came under my observation in the year 1834, the entire particulars of which I have not been able, from circumstances, to gather together until the present time.

Variola existed in Birtton, near Aylesbury, Bucks, in November, 1833, contiguous to the residence of Jacob W——, a baker in that village. His son, who had never been vaccinated, caught the disease, as it was supposed, from the family of a neighbor, and the eruption was observed in him on Saturday, November 30th. On Sunday, December 1st, Mrs. W—— and all her other children were vaccinated, for the first time, by Mr. W. Hayward, surgeon, of Aylesbury, with whom I was then resident as visiting assistant. The vaccination was successful in all, excepting one daughter, who, however, was successfully re-vaccinated by me at the end of a week. Mrs. W—— had but one vesicle; but there is now (June, 1854) a tolerable scar visible. Fourteen days before her confinement, Mrs. W—— states that she remembers most distinctly on that day that a most nauseating and depressing effect was produced in her by the odor of one of the stools from her variolous son, whom she was nursing; and on the 4th of January, 1834, a fortnight from the above sensation produced in her, and five weeks, minus one day, after her vaccination, she was delivered of the child the subject of this notice. On examining the infant almost immediately after its birth, I observed on the abdomen some spots, differing in size and appearance; others were discovered on the loins and back, and on the face and neck, those on the latter parts being most numerous. At the inner angle of one of the eyes was a pustule, nearly matured, of the size of a common smallpox pustule, and others of the same size were found on the hands. On the following day the eruption was considerably more out; each pustule had a distinct red inflamed base, was depressed in the centre, and had unequivocally the true variolous character; a cluster of them existed at the left side of the tongue near the apex, and one on the dorsum of that organ towards the root.

The child was feeble, did not suck, nor take scarcely anything by the mouth, and early on the third day expired. Mrs. W—— had herself no illness, nor any manifestation of the disease apart from the nausea arising from the effluvium before mentioned, which she perceived on the fourteenth day prior to her confinement, and at which time it is perhaps scarcely questionable the taint was communicated to the fœtus in the womb.

Having had the honor of an acquaintance for many years with Mr. Robert Ceely, of Aylesbury, and knowing how extensive the labors of that gentleman have been on this general subject, constituting him, indeed, by common consent, the greatest living authority upon it, I mentioned this case to him, and he has pointed my attention to two examples recorded by Dr. Jenner in the "Medico-Chirurgical Transactions" for 1809, page 269, in which the fœtus in utero became affected, the

mother escaping any external manifestation of the disease. Dr. Jenner adduces those cases to show the continued susceptibility to variola through life ; but as the cases differ as to particulars, I shall briefly state them.

In one of those cases the mother had had smallpox herself many years before, but had never been vaccinated ; and on meeting in the street, very shortly before her confinement, a child covered with the disease, and loathsome in appearance, she was very sensibly affected. The sensations passed off, and she had no outward manifestations of the disease ; but five days after her delivery, pustules appeared on the infant, and the diseased went through its usual stages, though in a mild form.

In the other case related, smallpox had been introduced into the house by the parish surgeon (1808) inoculating three of the sons of the family, but the mother was *vaccinated* by another surgeon. The vaccination was successful, and in five weeks after its performance (during four weeks of which time she had been exposed to the variolous infection of her three sons) she was delivered of a female child, which on its birth was found affected with the smallpox eruption. The surgeon (Mr. Gervis, of Ashburton, Devonshire), whose case the above was, distinctly states that at no period after the exposure of the mother to the variola in the house, did she evince any sign of being affected by the effluvium ; yet the disease was transmitted through her system to the constitution of the infant, herself clearly escaping *any* kind of manifestation.

In the case I have related, and which came under my own notice, the mother, it will be borne in mind, had been vaccinated, and successfully ; but, notwithstanding, had, fourteen days prior to the birth of the child, and three weeks after her vaccination, "a most nauseating and depressing effect produced on her by the odor of one of the stools from her variolous son."

This strong perception of the variolous infection was not, however, sufficient against the protective influence of the vaccine matter which had been introduced into her system, to produce any development in her of the smallpox, and the infection passed to the fœtus in the womb.

The value of this case, in so far as it may be considered to possess interest, consists, it may perhaps be said, in this, that it sets forth, at one and the same time, and in a more palpable way than any previously recorded, the *continued susceptibility to variola after vaccination* ; and yet the protective influence of the vaccine lymph in operation, guarding the system so far in this instance as to prevent any eruption appearing, or any other than a transitory affection of the health.—*London Lancet.*

EFFECTS OF MEDICINES ON THE HEALTHY HUMAN SYSTEM.

BY. E. C. ATKINSON, M.D., DOVER, IOWA.

THE science of therapeutics has now attained a degree of perfection at least equal to that of any other. The prescriptions of the physician, who merits the name, are no longer influenced by magical incantations, and visionary notions of relations and affinities which never existed. His

opportunities enable him to acquire a comprehension of the relations of medicines to each other, and to diseased action, so that he can rest his judgment on the legitimate basis of sound philosophy. After determining the pathology of the case before him, the experienced practitioner may generally prescribe with singular confidence as to the effect which will follow, often eradicating disease in its incipency, controlling it in its culmination and decline, and alleviating what it cannot cure.

With the physiological effects of medicines, however, we are not so well acquainted. The science of toxicology is yet in its infancy. This arises not only from the fact that it is a subject of comparatively modern inquiry, but from the limited field of observation to which the student of this department of science is necessarily restricted.

While he may have daily opportunities of witnessing the effect of curative agents in disease, he is indebted chiefly to the occasional circumstance of accident, or criminal design, for testing their effects in health. Nor is this the only difficulty he has to encounter; under the same modifying influences, the action of medicine is less uniform in the healthy than in the diseased state.

When disease invades the system, it levels to a great extent its peculiar sympathies and idiosyncrasies, and establishes a tolerance of the agents necessary for its cure. In health, on the other hand, with all its sympathies in full play, each system is acted on differently. Thus we might give a certain quantity of tinct. opii to a number of individuals of the same nativity, and apparently of the same condition; but while we should find the lives of some destroyed by its effect, others would hardly be in the least affected; a fact not referable to their muscular strength, but to a different susceptibility of their nervous systems to its action.

Again, medicines sometimes exhibit a specific effect on the healthy system, to a knowledge of which their effect on the same system in disease furnishes us no precedent. An interesting illustration of this principle recently came under my notice.

An old lady of much experience as a nurse, asked me for a mild laxative, cautioning me at the same time not to give her rhubarb, for said she, "it always gives me violent strangury." A few weeks subsequently she called on me again for a similar prescription. I gave her rhubarb concealed in pills; a severe strangury was the result, which, however, was soon relieved. A few months after she suffered from a severe attack of erysipelas, during the course of which she was troubled by a persistent watery diarrhœa, for which I gave her rhubarb at several different times, with no other than the best effects. Since her recovery, I have been informed of another case on whom rhubarb produced the same bad result. With these facts before us, it is obvious that some time must elapse before toxicology can be considered a matured science resting on a firm foundation. The task, however, by the energy of the medical profession, will doubtless in due time be accomplished.

Without further preliminary, I submit the following record of cases for publication, without attempting a philosophical analysis of the facts which they contain.

Effects of Opium. CASE I.—Mrs. C., aged 69, never had much sickness; intellectual faculties but little impaired; was advised by a friend to take tinct. opii for a slight diarrhœa; accordingly took 30 gts. on going to bed. About fifteen minutes after retiring, her moanings awakened her daughter, who found her in great distress, though sufficiently rational to inform her what she had taken. Her daughter at once sent for medical aid, but before I arrived she was dead. I ascertained that about fifteen minutes after the toxical effects were first exhibited, she sank into a perfect coma, and in about two hours died.

CASE II.—Mr. B., aged 18 years, on account of some difficulty with his lady-love, attempted suicide by taking of tinct. opii 20 gts. This small quantity, however, produced an extreme impression. After taking it, he retired to his room. One hour after, when found, the following symptoms were presented: pulse moderately full, beating but 40 per minute, stertorous respiration, countenance livid and suffused, skin moist and cool, extreme stupor, total insensibility to external impressions, and powers of life sinking. After trying a variety of means for his relief, with no apparent good effect, we resorted to showering his head with cold water, under the influence of which he gradually recovered, though after he revived there was for some hours a great tendency to relapse, requiring the most vigilant care and repeated applications of the water.

CASE III.—G., a child of one week old, strong and healthy—during the night its mother gave it 8 gts. of laudanum to keep it quiet. It sank into a stupor, in which state it remained for a space of nearly ten hours, after which, by the use of energetic means, it was aroused, and slowly recovered. During convalescence it had several severe convulsions, from which it was completely restored.

CASE IV.—C., a child seven days old, large and healthy; its mother gave it 7 gts. tinct. opii in the night to keep it quiet; in about an hour it sank into a stupor. At the end of about two hours I was called in. It then presented all the symptoms of extreme narcotism. Notwithstanding our utmost efforts, it died in about eight hours; it revived several times, and we fondly hoped the worst was over, but the nervous system had received an impression incompatible with life. The closing symptoms were severe convulsions. I shall ever regret that I did not make use of artificial respiration, the only remedy which I think might have been of benefit. The practice of giving laudanum to very young infants, either in health or disease, cannot be too severely reprobated. I have met with several cases of convulsions in infants, under 1 year old, caused, I have reason to suppose, by the secondary effects of some form of opium.

CASE V.—Mr. A., a young man, aged 20 years, of nervous temperament, good habits and good constitution, while suffering from toothache, was advised by a careless physician to take laudanum. He accordingly purchased an ounce, and being ignorant of its nature took three eighths of it. After taking it he started for his home, five miles distant, and with great effort reached it, retired immediately to his room, and slept ten hours. At the end of this time I saw him; all the symptoms of narcotism were passing off, and in two days he was well.

I once heard a physician of reputation and experience testify that three

drachms of laudanum retained on the stomach of an adult, would "in all cases as a general rule produce death." Had he been well acquainted with the different works on toxicology, he would have known that this rule has too many exceptions to be depended on. Equally as intelligent testimony is frequently given by physicians in medico-legal cases, to the great disgrace of our profession.

Effects of Morphia. CASE I.—C., a boy 2 years old, took one sixth of a grain of sulph. morphia, through mistake for calomel. In about one hour he was seized with opisthotonos, which continued about five hours, when the life powers suddenly yielded. Some little stupor was present prior to the attack coming on.

I have never known this effect to follow a narcotic in any other instance. In this case it must have been produced by morphia, as there was no other cause for it.

Effect of Camphor. CASE I.—L., a man aged 45, an inveterate drunkard, during a debauch drank about one and a half ounce of saturated tinct. of camphor; was seized with convulsions one hour afterwards, and died in forty minutes.

CASE II.—M. A., a young man aged 21 years, while walking the street with a friend, *accidentally* swallowed one drachm of gum camphor. Nothing more was thought of it, until one hour after, when he suddenly fell to the ground while talking, and remained in a complete stupor for about half an hour. He then revived and resumed conversation as if nothing had happened—no medication was resorted to.

I have on record three other similar cases; complete anæsthesia was the result in each, and no bad consequences ensued.

CASE III.—Mrs. K., aged 34. Five powders of camphor of three grains each, pulverized by addition of a few drops of spts. nit. dulc., were left her for after-pains; after taking the third, convulsions supervened, though mild, and soon passed off; on the next day the other two were given with like effect. Some authors state that camphor produces convulsions only when taken in solution, a rule which evidently has exceptions.

Sulphate of Zinc. CASE I.—D., a young man aged 28, took one tablespoonful of sulphate of zinc, supposing it to be Epsom salts; violent vomiting, and subsequently violent purging, ensued. These effects soon terminated spontaneously, and on the next day he resumed business. I examined the sulphate of zinc, and found it a good article, slightly damaged by contact with the atmosphere.—*Iowa Medical Journal.*

OBSERVATIONS ON EPILEPSY.

[Continued from page 242.]

PRECOCITY an Exciting Cause of Epilepsy.—Precocity of intellect—or, rather, undue stimulus applied to the minds of children—is another fruitful source of *epilepsy*. That system of mental education which attempts to make men and women, scholars and philosophers, of little children, should be discountenanced by every parent, guardian, teacher, and, es-

pecially, by every *physician*. You, Mr. Editor, some time since published an article in your Journal, upon "too much study in our public schools." Never was oracle more true than those remarks. I wish every committee man, teacher, and the superintendent of these schools, and his honor the mayor, would not only read, but heed those statements.

The day of *infant* schools for *study* has passed. Thanks to a kind Providence that it has: its *death* will be the life of many a child. If one half the study now required of pupils in our public schools were relinquished, and the children compelled to practise some athletic exercise instead, they would be great gainers, both as it respects mind and body.

Urge a child prematurely forward, and he soon becomes jaded; his intellect loses its balance. Nervous disease supervenes, and the little bright and sprightly child, the idol of its fond parents, their "little pride," soon becomes the object of their solicitude and painful anxiety. The precocious intellect was quite too active for the body—"the sword too sharp for the scabbard." With the pressing studies, the nervous irritation increased, and bodily health began to fail. The bright flashes of thought, the sparkling witticisms of the pale little thing, bursting from the overtaxed mind, called forth loud applause from inconsiderate friends and ignorant admirers. Next followed nervous *spasms*; and, as the nervous system continued to give way, and the bodily energy to decline, *more food* was claimed; and the *more* food that was taken, the worse for the child. The twitchings and spasms increased, till by some extra mental effort, or sudden fright, or overloaded stomach, the spasm became the convulsion, and *epilepsy*, with all its horrors, was apparent; and under the ordinary treatment, in all probability, irretrievable *idiocy* lies in the future before the child.

Such has been, and is now, the course pursued by many a parent; and such a physiological and hygienic perversion of nature, and of all her laws of action, can never fail to be visited by a sad retribution on an exhausted system of both mind and body. Here is another proof that epilepsy springs up in an *exhausted* state of bodily and mental energy; and, I may add, when the usual depleting course of *treatment* is superadded to this already jagged and worn-down child, he stands but a small chance of "ever seeing good days in the land of the living." But, as I shall speak of the *treatment* hereafter, I forbear at present.

Let me here warn parents and teachers, and ask *physicians* to warn them, against such a *hot-bed* course of education as I have portrayed above, and is too often pursued. Beware of wishing to see your son or your pupil a *genius*. You will be quite as likely, in the end, to see him an *idiot*, or be called to follow him to an untimely grave. If you are a parent, by pursuing such a course, instead of planting a tree which will furnish you with refreshing shade and comfort in your old age, you will throw the dark mantle of the most bitter reflection over the meridian of your life, and be compelled to drain to the dregs the chalice you have poisoned, in the blighted body and unstrung mind of your child. Such precocious children need *holding in*, rather than *spurring on*, in intellectual culture. Better, far better, would it be for them, and the parent, if, like Rousseau, in the training of his Emilius, they

should not be allowed to learn a word till they numbered a dozen winters. Such an early development of the mental powers is altogether unnecessary, even if the child is designed for a scholar. Almost all our scholars graduate from college *too early*. Their bodies are injured by too much study in *early life*, and their education is not half as thorough, or as valuable to them, as it would be if they were half a dozen years older than they usually are. They verify the old adage, "soon ripe, soon rotten." Men of the brightest parts, and the most brilliant scholars and philosophers, have been considered almost *dunces* and *blundering logger-heads* when children. But they have endured and studied for a long life, while the *hot-house plants* have put forth their butterfly-brilliances, have shone for a day, and withered, like the angry prophet's "gourd," the first night. Sir Isaac Newton, Walter Scott, and Andrew Fuller, were all dull scholars in childhood; and yet, who have been more eminent than they in the field which each chose for himself? Each of them accomplished more in philosophy, or literature, or polemics, than all the men who were ever reared from precocious children. Our whole educational system is in a wrong direction. It commences wrong, and is carried on and ends in the same way. It is opposed to physiological laws. They demand the education of the *physical* powers first; this commences with the mental.

The treatment of epilepsy laid down in medical works generally, it is believed, has augmented, rather than relieved, epileptics. From the remarks already made by the authors quoted, it is evident that the use of the lancet is in no way serviceable in epilepsy. I am not now speaking of epilepsy complicated with apoplexy or with any other disease; but of epilepsy alone. Bleeding is not necessary to remove congestion *before* the fit, for that does not take place till the *fit has come on*. It is not necessary to *cut the fit short*, for both Drs. Radcliffe and Copland have shown that it not only does not do that, but that it induces a new attack more violent than the preceding. For what, then, can it be necessary? Its effect is to debilitate the already too much debilitated system.

The same may be said of the administration of *purgatives* in general, in cases of epilepsy. I would not say but that in a person of robust habit, not predisposed to be nervous, who had induced an epileptic seizure by eating enormous quantities of indigestible food, a *cathartic* might do less mischief than the retention of such materials in the system.

Under such treatment as is above referred to, for epileptics, it is not strange that both patients and physicians should become discouraged and settle down into the belief that these were *incurable* cases, and as "*sic volvere Parcas*," they must bear the calamity as well as possible, upon the principle of the old adage—that "what can't be cured must be endured."

Far be it from the writer to intimate that all cases of epilepsy are curable, and quite as far be it from him to deny that the course of treatment usually pursued has not oftener rendered such cases incurable, than the original disease did. In this opinion I am happily borne out by the remarks of Drs. Radcliffe and Davey in the London Lancet. Dr. R. showed that the condition of the patient "was itself an insuperable

objection to bleeding and purging in this malady, and an argument for the necessity of stimulants and tonics, and all means which could corroborate the system." Dr. Davey said, "Epileptics were best treated by tonics, and a judicious and discriminating diet. In the treatment of all nervous disorders, practitioners had gone too far generally, on the anti-phlogistic system, by which he was sure many cases had been rendered incurable."

The idea that epilepsy has its origin in the blood may not be new, as it has already been shadowed forth in the remark quoted from Dr. Carpenter's Physiology. But we feel full well assured it is the *correct* idea. Long since, it was declared by the Jewish Lawgiver, Moses, that "the life of the flesh is the blood;" and though this idea has been controverted and re-asserted, rejected and re-revived, many times since the days of Moses, it is now generally conceded by physiologists that he was right, and that "the blood is the life." Every intelligent physician knows that almost all (perhaps quite) the chronic local diseases which invade and ultimately destroy the human body, originate in the blood. This is confessedly the case with cancer, scrofula, syphilis and consumption. Do what you will of a *local* nature; apply what remedies you please directly to the diseased organ; extirpate, burn, cauterize, scarify, inhale, bleed, blister, cup—all is to little purpose, unless you can eradicate the poison, and change, invigorate, purify and build up the system. In this respect no small share of medical practice, in by-gone days, has been carried on upon a wrong principle; and, happily for the good of the patient and the credit of the doctor, many eminent practitioners have recently seen the error and changed their practice. Twenty-five or thirty years ago almost every physician believed, for instance, that "*scrofula* was to be purged away by drastic cathartics, and bled away by the effusion of the crimson fluid;" and many a patient has been *cathartised* and *exsanguinated* till he found refuge only in the grave. But such practice at the present day would not be tolerated, and the doctor who should advise such practice in this disease would be considered half a century behind the age.

What is true, in this respect, of *scrofula*, is equally true of cancer, secondary syphilis and consumption. Not one of them can be cured, or was ever cured, by drastic cathartics, extirpation, or the shedding of blood. In cancer, for instance, it is now the expressed opinion of some of the best surgeons abroad, that, while the life of the patient may have been prolonged by the use of the knife in some few cases, on the whole, taking into account all the operations, it has been of no benefit, if not positively injurious. The same may be said of the other diseases above named; and it may be emphatically and truthfully said of *epilepsy*. Some remarks in the Boston Medical and Surgical Journal (since these articles were commenced, Vol. LI., p. 151), from the pen of Dr. Cartwright, fully harmonize with the views here expressed. "The best definition," says Dr. C., "ever given of pulmonary consumption, was given by Dr. Benjamin Rush, when he called it an *all-overness*. He viewed it as a disease of the whole system, and not of any particular part.

It is an *all-overness*, because it is a disease of blood origin." This is undoubtedly correct, as it respects *consumption*, and the remarks may as truly be applied to *epilepsy*.

[To be continued.]

MORTALITY AMONG CHILDREN—NO. III.

BY W. A. ALCOTT, M.D.

ONE fruitful source of infantile mortality is medicine. Let not my medical friends accuse me of heterodoxy, in making this statement. I have reasons for my belief.

When I speak of medicine as a cause of infantile mortality, I have no reference—not the remotest—to that small amount of it which is given at the prescription of the family physician. There may have been error here; there certainly *has* been, in all time and countries, *unless it is our own*. But I waive all this. Nor do I refer in particular to the enormous quantity of drugs and medicines taken without the prescription of any person duly qualified for the purpose beyond the pale of the family—a hundred times greater than the quantity given by all our regular physicians of every school.

But I would aim, chiefly, in these paragraphs, at what I have been accustomed to call maternal dosing and drugging. Bad as the world is, in other departments of drugging, this is more prolific of infantile disease and premature death than all else, except bad cookery; of which, by the way, I have said something in a former number.

Mothers assume to understand the constitution of their own children; and almost deem it an insult to be told of their mistake. Yet they are mistaken. Reasoning *a priori*, it is impossible, or at least next to impossible, for those who are situated as mothers generally are, to understand enough of the laws of hereditary descent, temperament, &c., to be able to understand what is almost impossible to the wisest physiologists and physicians. And then, as regards the plain matter of fact, their mistake is still more obvious. They almost every day, for example, treat their scrofulous children—amounting to one third or one fourth of the whole—in a manner diametrically opposite to what they would have done had they understood the nature of the case and how the first symptoms of latent scrofula manifest themselves.

And yet it is almost as much as one's reputation is worth, whether in the profession or out of it, to run the risk of giving to our mothers this little piece of information. And the hazard is great in exact proportion to their ignorance. An ignorant mother is, next to the Pope of Rome, the most infallible of all human beings! I mean, of course, in her own estimation. You may reason, sometimes, with an intelligent mother—seldom with an ignorant one.

But whether ignorant or somewhat enlightened, the vast majority of our mothers doctor, more or less, their own children. At least, if they refuse to call it *doctoring*, they give them a vast amount of small elixirs, cordials, &c. The closets of not a few house-keepers are a complete

apothecary's shop. They may, it is true, have smaller parcels than the regular apothecary ; but they have almost as great an assortment. And they not only keep it ; they administer it. They may not intend it ; they *do* not *mean* to give *much* ; sometimes they really *think* they *do* not give much. But it comes to pass, in the course of the year, that much is given by somebody ; and I greatly fear that the mother must be held responsible for it.

True it is, that no mother confesses to this crime of dosing and drugging. As it used to be with tight lacing of the chest, that no one was guilty herself, but almost everybody else was, so in this matter of drugging and dosing children. Yet how often have I seen these very mothers with their bottles or phials on the steamboats and railroads of our country—hardly willing to wait for the arrival of the cars at a “ station,” before they administered the needful elixir, but actually administering it on the road !

But now for the consequences of this maternal dosing ; for this it is with which medical men have chiefly to do. Next to bad food and wretched cookery, as I have before intimated, this error is productive of more sickness and premature death than any other. No physician knows what to do with a sick child, who has been thus tampered with. He may indeed *guess a little better* than others ; but even *he* will often *guess wrong*. Their first passages are irritated, and perhaps inflamed ; and if it were possible to make the right appliances either internally or externally, it would still puzzle the wisest head to know how to apportion the quantity so as to be more likely to do good than harm. Diseases, in these circumstances, as you know, are more apt to be severe and complicated, and the termination more likely to be fatal, especially if much medicine is used.

The worst remains to be told. As it is not always easy to trace the cause of severe, protracted or fatal infantile disease to maternal error, we not only contrive to kill, from generation to generation, by thousands and tens of thousands ; but we partly kill by millions. If all the mischief that is done could be concentrated, as it were, in a few, and were to kill them outright, so that everybody might see that they fairly died of violence, there might be hope. But no ; we seem to be left to grope on in ignorance, and not only to kill, continually, but to *partly* kill many more. We bring on, gradually, some disease or other ; or we render an inherited disease, which might have been mild, very severe, or early fatal ; or we aggravate, by over dosing, the symptoms of acquired diseases from other causes. We clip from the existence of one child or person, a year ; from another, two or three years ; from all, or almost all, something. The aggregate of these clippings, so to call them, every year, though it cannot be exactly ascertained, is, no doubt, fearfully great, and fearfully increasing.

I have sometimes thought maternal dosing was a little more mischievous in the families that confide in homœopathic and botanic treatment, than in those who adhere to the old system. I will tell you why. They seem to think vegetable medicine, and even small doses of mineral medicine, so harmless that they may dabble with them when and where

they please—almost without reserve or limitation. Perhaps this is not justly chargeable on the systems themselves, but only an incidental evil. But this does not alter matters of plain fact; and if the public are killing their children with too many small shot, as well as with musket and cannon balls, it should be known, that the evil may be guarded against, or, if possible, removed.

Auburn Dale, Sept. 9, 1854.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 25, 1854.

Surgical Apparatus.—American surgeons have the reputation of being remarkably ingenious in devising instruments for facilitating surgical operations. To some extent this is true. That they are inventive, is undeniable—and in this respect, they only manifest a common peculiarity of our people. Labor-saving machines constitute a distinct branch of study with us. How to make water or steam labor economically, to relieve ourselves from doing by the sweat of the brow whatever is necessary, expedient or profitable to be done, is a standing pursuit. An easier, more expeditious or safer way of excising a tumor, securing an artery, or holding the extremities of fractured bones in place till nature has firmly united them, are also standing desiderata. Thus knives, needles, clasps, splints, trusses, tourniquets, &c., are perpetually undergoing modifications to obviate either real or imaginary defects in their construction. Thus our surgeons have contributed largely to the perfection to which many familiar instruments have attained. It is by no means an uncommon thing to be shown improvements of this kind in England, which are known to have originated on this side of the water. If those who have thus contributed to the successful practice of foreign surgeons were more careful to make a permanent record of their devices, when first introduced to public notice, they would secure the honor that belongs to a new invention, besides doing something towards advancing the claims of the country to those distinctions invariably accorded to inventive industry and intelligence.

Progressive Medicine.—An opinion is entertained, somewhat extensively, that absolute radicalism in professional matters, is progress. So far from coinciding in this view, a sensible man has no hesitation in declaring that any and every departure from a system founded on facts, is degeneracy. There are two directions in which weak minds and those who have no minds at all in regard to the objects contemplated in a true system of medical practice, are apt to run. One fritters away the little strength it has, in the ridiculous pursuit after specific remedies; while the other dwells with immense satisfaction upon the prospects of a mighty revolution, to be brought about by the promulgation of a new theory of disease. With the rise of a novel doctrine, the originator expects to rise also, of course, to enviable distinction; and to reap a golden harvest as the reward of his skill. The world is ready to be imposed upon at all times. Nothing can be so absurd as not to command the admiration of somebody. But of all humbugs, that of quackery has the greatest number of staunch advocates and

patrons. No one is so ignorant as not to be wise on this subject. Each judges of the efficacy of a proposed remedy, by its real or imaginary effects on himself. Those who certify to the curative properties of catholicons and drastic pills, are rarely afflicted with the disease from which they imagine themselves relieved, and therefore their testimony is totally unreliable. What do most of these certifiers, the broken-down victims to patent preparations, know of the vital forces? Yet they talk boldly, as though they actually understood the physiological laws of our being, of wonderful discoveries in the science of medicine. Scarcely a pretender omits to announce himself, with the pride of insolence, as one who is identified with medical progress. How absurd and preposterous, that a learned profession should be thus misrepresented and disgraced. Sound heads, cultivated intellects, and calm study and deliberation in regard to the resources of nature and art, are required in medicine, for the precious boon of health and life is at stake. The progress in medicine most in repute among those who have the ability to appreciate the true from the false, embraces the discovery, the corroboration and dissemination of facts. Nothing is admitted to be of value, that is not made certain; and when a certainty is established, which puts another power at the disposal of the medical practitioner, for the relief of suffering humanity, that is clearly medical progress.

Female Medical Schools.—Like those designed for the professional education of the sterner sex, the new colleges for females are making ample preparations for the autumnal lectures. It is an item of historical interest, which in after times will appear far more prominent and remarkable than at present, that the community both sympathize with and give support to these newly-developed institutions. The money is beginning to flow in upon them, as it always does upon favorite objects of a public nature in this country. Bequests will probably hereafter be made, professorships endowed, and ample funds provided for giving female medical schools all the character which accumulating wealth, talent and science can bestow. If we have national whims and sudden impulses, unlike those of civilized Europe, some of them may be extremely good. Schools of medicine for females belong almost, if not exclusively, to the United States. England would consider the organization of such an establishment, a monstrosity—a freak of dis-temperéd fancy. Still this is a movement which may be extensively imitated abroad, by and by, however much their scientific men may laugh at Brother Jonathan in 1854, for his whims and novel conceits. Women have brains, and when cultivated, show themselves, in many circumstances and conditions, equal to those who are technically denominated their lords and masters. At all events, they will now have an opportunity for demonstrating what they can do in the field of practical medicine; and if some of them occasionally fall short of the high expectations of their friends, it will be no killing affair, since men also frequently disappoint the world in the same line of labor. We wish success to the female medical schools, and prosperity to the fair pupils.

The London Lancet of Sept. 30th, after ridiculing the idea of the study and practice of medicine by females, gives the following piece of information in regard to the recent movements of a lady who has before been alluded to in this Journal—

“A Miss Doctor Blackwell, a graduate of Cleveland College, Ohio, having completed a course of clinical study at the Royal Maternity Hospital, Edin-

burgh, has applied to the Managers of the Royal Infirmary for permission to prosecute her studies in the female wards of that institution. It is supposed that her intention is ultimately to eclipse the home-bred lady graduates of America, by returning to New York with the degree of Doctor of Medicine of the University of Edinburgh, and the Fellowship of the Royal College of Physicians of London. That a purpose so praiseworthy should be opposed by the refusal of the Managers of the Royal Infirmary to accede to the request of Miss Doctor Blackwell, we cannot but regret. In order that Miss Doctor Blackwell may not return to America, there to propagate the injurious reproach against our national character, that we know not how to encourage females in the pursuit of medical knowledge and collegiate honors, we beg leave to inform her and her sister-graduates, that the Royal College of Surgeons of England is animated by a more enlightened and transatlantic liberality; and that the new order of Licentiates in Midwifery is open, by an act of Parliament, to 'persons' of both sexes."

Prescription for Hooping Cough.—The following combination of *old* and *tried remedies* has been found serviceable in relieving the distressing paroxysms attendant upon hooping-cough in children:—*R.* Pulv. coccus cacti, ℥ii.; Pulv. carb. potassæ, ʒi.; Moschus, gr. viii.; Syrupi crocus sativus, Syrupi bals. tolu, Muc. gum acacia, aa ʒxss. Misce. Half a teaspoonful for a child two years old, four or five times a day.

The Epidemic Cholera in London.—Some little excitement has been occasioned, within the last week or two, by the publication in this country of letters from London, conveying the information that the present severe epidemic in that city was not the cholera, as represented in the Registrar-General's returns, but a new outbreak of the veritable plague of a former century. Its re-appearance was said to be occasioned by the digging up of the ground on the spot where the victims of the plague, in the reign of King Charles II., were buried in heaps. From our files of the London Lancet, which have been received up to the date of Sept. 30th, it would appear that there is no foundation for these rumors, at least so far as the nature of the disease, which has recently so severely afflicted the inhabitants of London, is concerned. No mention is made of its differing from the ordinary Asiatic cholera, nor is any allusion made to the "panic" spoken of by the foreign letter writers. The number of deaths by the disease each week, to Sept. 23d, is shown by the following numbers, which are truly formidable, although they are now weekly decreasing. As mentioned in this Journal of Oct. 4th, the number of deaths by cholera the first week of its re-appearance, was 5; then as follows: 26, 133, 399, 644, 729, 847, 1287, 2050, 1549, 1284. The whole number to the above date, is put down at 8953. In 1849, at the same date, the cholera had destroyed 12,664 of the inhabitants of London. The following, from the Lancet of Sept. 16, condensed from the Registrar-General's weekly return, contains the only allusion, which we have noticed, to the great malignancy of the epidemic in certain localities.

"Much discussion has taken place as to what may have been the chief exciting cause of the particularly severe *local* outbreaks of the disease which have taken place within the last fortnight in certain parts of London and its suburbs. Much obloquy has been cast upon the Commissioners of Sewers for selecting this particular time for the purpose of opening so many conduits, to

the great danger and alarm of the inhabitants of certain districts. Wood street, Cheapside; and Suffolk street, Clerkenwell, have been especially referred to, as also the districts of King street, Cannon row, &c., near the houses of Parliament. We ourselves can testify to the alarm of the residents, and the disgusting smells, &c., pervading some spots in Westminster, where mounds of black clay and seething mud are piled up almost to the first floor windows, the whole length of a narrow (now impassable) thoroughfare. The open sewers of St. George's, Camberwell, and certain parts of the great Chelsea sewer, have received, in particular, animadversion.

"A correspondent in the *Times* of Tuesday, adverts to the probability of the recent severe outbreaks of cholera in districts east of Regent street being greatly induced by house-drains communicating with the leading sewers not being 'trapped.' The mockery of such a system of sewerage or drainage must be obvious to all. As it would be unwise to disturb these sewer openings at the present moment, when the atmosphere seems tainted with the prevailing epidemic, it has been suggested that a tarred sack should in dry weather be laid over each street grating, so as to prevent the effluvia. It would be but a trifling exercise of trouble for the servant of the person whose house might be in front of the grating, or for the police during the night, to fold the piece of tarred sacking back, so as to allow of the escape of water, should a fall of rain occur.

"In connection with the sudden and intense malignancy of the irruption of the cholera on the south side of Oxford street, and certain portions of Soho, the following amongst other communications to the public papers, has appeared in *The Times*.—"The pit alluded to by Macaulay as having been dug at the east of Regent street, opposite Conduit street, when the great plague was raging, and into which the dead-carts had nightly shot corpses by scores, is situated within the area bounded by Argyll place, King street, and Marlborough street. Little Marlborough street stands directly over the pit. In excavating for sewers here some time since, the ground disturbed was found to consist chiefly of black decayed animal matter, mixed with bones. On discovering this, precaution was taken not to remove more of it than was possible, what was thrown out was covered over with quick lime, and carted away, and the contract hastily completed. The sewers hereabout, to my knowledge (with the exception of the sewer in Great Marlborough street), are as perfect as sewers can be, and free from accumulation. What can have produced the fearful mortality in this neighborhood I cannot conceive. It is true that the houses generally are closely built together, and are very dilapidated, with little or no open areas or yards back or front. They are, moreover, densely populated by the poor, most of the floors and rooms being let off to separate families and persons."

"From the reservoir within the garden enclosure of St. James's square, the whole of the water has been drawn off, and the open space filled up with earth, a fresh grassplot being laid on the surface, which will doubtless be not less fragrant to the inhabitants than the stagnant pool of water that has for so many years been suffered to exist."

The following refers to a mode of treatment said to have been very successful in the Mauritius, where the cholera has also raged.

"It is to administer thirty grains of ipecacuanha, and two grains of tartar emetic, as soon as possible, followed by quantities of warm water in the usual way (i. e., from six to ten quarts), and repeat the same dose if all the bad symptoms have not disappeared after the result of the first (but which was not often requisite,) followed next morning by a dose of castor oil. In some instances thirty drops of diluted sulphuric acid were administered after the emetic."

Demand for Chloroform.—Some inquiry is necessary to ascertain whether physicians resort to chloroform in obstetrics, as much as they did a year or two since. An impression that it injured the child, may have had a restraining influence. Certain it is that very many were at first too ready to fly to it in ordinary cases, without discriminating properly under what circumstances unconsciousness of the mother was demanded for her security. Who will please to inform the medical public?

New Works on Science.—There are very many publications of the present time which treat exclusively on the higher departments of science, but yet possess a fascination for the general reader on account of the agreeable manner in which they are written. The Bridgewater Treatises were adapted to all minds, while they upheld the true dignity of science. Books of this order have been gradually multiplying within the last few years, and the encouragement is sufficient to call out new writers, who will probably be successful in the same line. Prof. Owen's very curious book on the skeletons and teeth, abounds with details illustrative of the resources of nature, and the evidences of design in the adaptation of organs. Even a child could read it with pleasure, while a learned man would find himself refreshed by its profound considerations. Dr. Bushman's Principles of Animal and Vegetable Physiology, is another of this class of excellent productions. They both embrace subjects for conversation in all circles, and their moral tendency, to say nothing of the refining influences they exert over every order of minds, should give them currency throughout the country.

Medical Attendance on Servants.—The Dublin Medical Press, Aug. 23d, records a very interesting trial that recently took place in Mildenhall Co. Court, Eng. It was an action instituted by a surgeon against a gentleman for recovery of £11 0s 6d, the amount of his bill for attendance on said gentleman's housekeeper, who had broken her leg. It was clearly proved, in evidence, that the plaintiff had been sent for by the defendant, to visit his (the defendant's) servant; and his Honor laid it down as clear law, that if a master sent for a doctor, he was liable to pay for the attendance. Not only in law, but in justice, did he consider the defendant liable; for he considered it very hard that medical men should not be paid when they are at the beck and call of any person who may choose to send for their assistance; and if they refused to go, they became subject to a general outcry throughout the country for their want of humanity and Christian feeling. He therefore considered the plaintiff entitled to his claim for the whole amount, with costs.—*The Medical (Montreal) Chronicle.*

Tenacity of Life in the Infant.—The following case, illustrative of the remarkable tenacity of life in a human infant, is communicated to us by Dr. John Inabnit, of Oak Grove, Mississippi:—

"A negro girl, about 16 years of age, near this place, was delivered of a child on the night of the 12th of May; the child was born in the woods, and the mother, being alone, threw it away. It remained in this situation until the morning of the 14th, perfectly naked, exposed to the sun during the day, and to a flood of rain at night. When found it was as cold as a fish, and so remained for several hours. The time was not less than

thirty-six hours during which it lay naked, without food, in the open air, and yet it is still alive at the end of a fortnight, and I believe doing well.
—*Western Journal of Medicine and Surgery.*

Medical Miscellany.—Sickness is abating at New Orleans, Savannah, Charleston, and other points at the South, where the mortality by yellow fever and cholera has been very severe.—Oysters and crabs at the South are represented to be diseased, of late, and many have been made sick by eating them.—Samuel Dunham, of Mansfield, Conn., died on the 12th of October, aged 100 years and 20 days. He leaves two brothers, aged 95 and 97 years. All three were soldiers of the revolution.—Statements in regard to the re-appearance of the plague in London, which once desolated that great city, are becoming quite circumstantial in the letters of foreign correspondents, but the London papers make no reference to the subject. On another page will be found some authentic information respecting the present epidemic there.—Cholera is everywhere on the wane, except in Turkey. It sweeps off the European troops faster than Russian bullets.—Small-pox is gradually showing itself, on the approach of cold weather, as it did the last season.—Different forms of fever, of an autumnal type, seem to be attracting attention, but they are generally manageable in skilful hands.—What has become of all the surgical instrument makers who formerly manufactured extensively in Boston?—Dr. Skinner's new fracture apparatus is attracting attention.—The spermatorrhœa rings, which have been extensively sold from the day they were invented, are still in active request. They are far superior to medications for effecting a radical cure.—Good openings for medical men are ready for occupancy both in Nebraska and Kansas. This is the proper time for going to those countries. The people there need good surgeons, with a proper variety of instruments, as well as physicians and druggists.—The bills of mortality in the Atlantic cities indicate an excellent state of health.—Dr. James Jackson of Boston, Drs. Martyn Payne and J. W. Draper of New York, Dr. Thomas D. Mutter of Philadelphia, and E. D. Mussey of Cincinnati, have each had conferred upon them the degree of Doctor of Laws.—Dr. Joseph Parrish, a physician of much ability and experience, so long and so favorably known as the editor of the "New Jersey Medical Reporter," has been appointed to the chair of Obstetrics in the Philadelphia College of Medicine.

ERRATUM.—On page 173, in Dr. Cox's recipe for a cholera emetic, for two "tablespoonfuls" of ginger, read two *teaspoonfuls*.

MARRIED.—In this city, 3d inst., Calvin G. Page to Susan H., daughter of Dr. N. C. Keep.—At Carmel, N. Y., Dr. J. H. Merritt to Miss A. L. Brown.

DIED.—In Lee, Mass., Dr. Coridon Guiteau.—Dr. Samuel Waring, of New York, lost on board the steamship Arctic.—In New Bedford, Silas Tompkins, M.D., aged 54 years.

Deaths in Boston for the week ending Saturday noon, Oct. 21st, 57. Males, 26—females, 31. Apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 2—congestion of the brain, 3—consumption, 15—convulsions, 3—cholera infantum, 3—croup, 2—dysentery, 7—dropsy, 1—drowned, 1—infantile diseases, 4—erysipelas, 1—typhus fever, 1—typhoid fever, 1—hemorrhage of the kidneys, 1—disease of the hip, 1—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 1—old age, 1—purpura, 2—smallpox, 1—teething, 2

Under 5 years, 22—between 5 and 20 years, 5—between 20 and 40 years, 20—between 40 and 60 years, 5—above 60 years, 5. Born in the United States, 42—Ireland, 13—England, 1—British Provinces, 1.

Charcoal as a Disinfectant.—Mr. Turnbull, about nine months ago, placed the bodies of two dogs in a wooden box, on a layer of charcoal-powder a few inches in depth, and covered them over with a quantity of the same material. Though the box was quite open, and kept in his laboratory, no effluvia was ever perceptible; and on examining the bodies of the animals at the end of six months, scarcely anything remained of them except their bones. Mr. Turnbull sent me a portion of the charcoal powder which had been most closely in contact with the bodies of the dogs. I submitted it for examination to one of my pupils, Mr. Turner, who found it contained comparatively little ammonia, not a trace of sulphuretted hydrogen, but very appreciable quantities of nitric and sulphuric acids, with acid phosphate of lime. Mr. Turner subsequently, about three months ago, buried two rats in about two inches of charcoal-powder, and a few days afterwards the body of a full-grown cat was similarly treated. Though the bodies of these animals are now in a highly putrid state, not the slightest odor is perceptible in the laboratory. From this short statement of facts, the utility of charcoal-powder as a means of preventing noxious effluvia from churchyards, and from dead bodies in other situations, such as on board ship, is sufficiently evident. Covering a churchyard to the depth of two or three inches with coarsely-powdered charcoal would effectually prevent any putrid exhalations ever finding their way into the atmosphere. Charcoal-powder also greatly favors the rapid decomposition of the dead bodies with which it is in contact, so that in the course of six or eight months little is left except the bones.—DR. STENHOUSE, in *Pharmaceutical Journal*.

Alum as an Emetic.—Besides the great usefulness of alum as an emetic for croup, it has been found in one case more efficient in poisoning by opium than the sulphate of zinc. The patient had swallowed an ounce of powdered opium! Thirty grains of sulphate of zinc were given him without effect, when Dr. Meigs being called in, he gave him half an ounce of powdered alum, which, with three tumblers of warm water, caused copious vomiting. After a short period, this treatment was repeated with a like effect, and the patient recovered. This case shows the powerful emetic properties of alum, which should be remembered in cases of emergency.—*Memphis Med. Rec.*

BOYLSTON MEDICAL SCHOOL.

THE regular course of instruction in the Boylston Medical School will be continued on the plan heretofore successfully pursued, and which the instructors are able to recommend with renewed confidence. It is similar to the method followed in the European Universities, and now so generally approved by the profession in this country. The course is so arranged, that those commencing their studies have every opportunity for acquiring a thorough and practical knowledge of the fundamental principles of Medicine, while, at the same time, the more advanced student is carefully assisted in his final preparations for the responsibilities of his professional life.

As formerly, unusual advantages will be offered for the study of Anatomy and for practising Surgical Operations, without extra charge.

All the opportunities for Clinical and other instruction in the various Institutions of this city, will be open to the students of this School. Among these may be mentioned the advantages for studying disease afforded in the medical and surgical practice of the Massachusetts General Hospital, the Eye and Ear Infirmary, the various large Hospitals in the vicinity of the city, and also the collections of the several Anatomical and Pathological Museums. In the departments of Chemistry and Obstetrics, and of Practical Asepsis, the fullest opportunities for personal experience will be offered to students.

During the Winter a special course of lectures and instruction on Diseases of the Eye will be given by Dr. Williams. Other courses will also be given during the year by the instructors.

Since the summer vacation such changes have been made in the organization of the School, as will increase its efficiency, and offer better inducements than have before been extended to students who wish to obtain a thorough medical education.

The fee for instruction is \$80. Its course extends over the entire year, with the exception of the vacation during August, and students may enter at any time. Those intending to pursue their studies in this city during the ensuing winter, are invited to join the School during the month of October.

The room of the School, in Liberty Tree Block, is open at all times to the students, and is furnished with anatomical preparations, plates, and other auxiliaries to study.

Catalogues may be procured at the bookstore of G. W. Briggs & Co., 456 Washington street, or at Burnett's apothecary store, 39 Tremont street.

Applications for admission may be made to Winslow Lewis, M.D., corner of Boylston and Carver sts., or H. W. Williams, M.D., 33 Essex street, who will furnish further information.

Boston, Oct. 2, 1854.

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THE CASE OF A LADY IN A SUGAR-HOUSE, WITH APHONIC, HÆMORRHAGIC, TUBERCULAR PHTHISIS IN THE SOFTENING STAGE.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the autumn of 1853, before the disappearance of the terrible epidemic yellow fever which afflicted the inhabitants of the lower Mississippi so severely, although it had nearly disappeared from the city, I received a note, stating that Miss S., formerly of Philadelphia, and a patient of Dr. T., of Ohio, wished to see me at the Franklin House on Canal street. The first glimpse of the patient was sufficient to convince me that she was in the second or softening, if not in the last stage of consumption. She could not speak above a hoarse whisper, and used a white slate to communicate with those around her. There was well-marked flattening under both clavicles, showing that chronic changes had occurred in the apices. She was much emaciated, particularly about the muscles of the chest and arms, and had lost about one fourth of her weight, as was subsequently ascertained. She had pain and distressing sensations within the thorax nearly all the time, and occasionally intercostal neuralgia was superadded thereto. She had a distressing cough, particularly in the morning and evening, with expectoration—sputa viscous, containing white spots, and she said was sometimes dotted red instead of being pearly. For about eighteen months had had a permanent weakness and hoarseness of the voice—respiration jerking—pulse frequent. For many months had had streaked or tinged sputa—bloody matter, as she called it. This had been preceded by several attacks of copious hæmoptysis of florid blood. The hæmoptysis, she informed me, did not occur until after the first auscultation, and was preceded by yellow expectoration. Dulness under the clavicles and dry crepitant rattle were the physical signs when first auscultated. She said the doctor compared it to the crackling of sparks of fire when dry brush is burning. It was heard in the summit of both lungs. It is scarcely necessary to add, that it indicated unsoftened tubercle, and had nothing to do with the passing of air through mucus in the bronchial tubes, as this sound is produced external to the cells. There was no humid crepitation until after the occurrence of the hæmoptysis. She said she had always been subject to a slight cough on exposure; that for some years preceding her chest

complaint she had had chronic diarrhœa, and would have supposed that checking it had caused the pulmonary disease, if a considerable interval had not elapsed between the cure of the one and the attack of the other. She did not know that chronic diarrhœa, without evident cause, occurring in a young person, is regarded by Louis as an evidence of tubercles.

Taking all the symptoms together, the diagnosis was consumption with tubercular softening. The prescriptions of her former physicians—counter-irritants to the chest, prussic acid, cod-liver oil, and the like—plainly showed that they regarded it as a case of confirmed phthisis. They also told her so. One of them thought the last stage had come. None of them favored the idea of her leaving home with any expectation of getting well. Her mental faculties were clear, and yet she was so hopeful, that notwithstanding every discouragement she set out for the South, determined to try the sugar-house cure. On arriving at Memphis, the company with her would go no further on account of the reports of cholera and yellow fever in all the lower stem of the Mississippi. She resolutely concluded to come the balance of the journey alone—had tried on the way to get into a sugar-house, without success. She spoke French and had letters of recommendation from eminent persons in Philadelphia, Ohio and Kentucky; but being unknown to the French planters, where she happened to stop, they availed her nothing. She had left home under the mistaken impression that there were boarding houses on or near some of the sugar-houses, where strangers could board and inhale the vapor. She desired me, if possible, to procure her a situation in one, if there were any such. I knew of none. I also gave her to understand that her case was not one which came within the class of those in which I had any certain experience of the good effects of the inhalation of the vapor of boiling cane-juice.

Having come so far, she said, she was determined to try it, at any rate, if she could possibly get admittance into a sugar-house. I explained to her the difficulty of procuring a suitable place; that the planters were generally in a state of alarm for fear of yellow fever and cholera—regarded by them as contagious—and were disinclined to receive strangers on that account. I finally recommended her to a boarding-house on Lake Borgne, kept by a very quiet and respectable woman, who was well acquainted with the neighboring planters living on the road from Lake Borgne to the city, about twenty-eight miles, passing through the battle-ground and over the territory occupied by the British army in the winter of 1814 and 1815, while their ships lay at anchor in the mouth of the Lake. Thither she went. Soon the elderly matron, who kept the boarding-house on Lake Borgne, got very tired of having to put on her spectacles so often to read the notes of the Philadelphia lady, who had become a boarder in her house. As she could not talk above a hoarse whisper, she had to communicate her wants and wishes to the landlady by writing. The landlady getting out of all patience, implored a neighboring planter to take her boarder to his sugar-house. I had informed her, that if she *would go* into a sugar-house, she was to be the *doctor* and I would be the *pupil*, and expected her to give me lessons.

I heard nothing more from her for five weeks—not knowing what plan-

tation she had gone to. On inquiring of her merchant, to whom she had brought a letter of credit, he could give no information—but supposed, from what the landlady said, that she had sunk under the disease, as he had heard nothing from her for more than a month. Ascertaining that she was at Mr. W.'s plantation, I wrote to her by special messenger, as there was no intercourse with the city, and no other means of communicating with her—no post office facilities—and soon received her reply. She said she thought she must be at the “jumping off place,” from the impossibility of communicating by letter with her friends—mine being the first one she had received for five weeks. She proceeds to say :—

“I think I could make you *hear me speak now*, for I am talking as loud as anybody, and without pain or effort at the time, though I feel soreness *after* speaking, if I make too free use of my newly-recovered power. As to my cough, *it has left me entirely*—save a little hacking, when the cold air comes too suddenly in contact with my lungs. Just this little hack, occurring very seldom, puts me in such mortal pain that I take much care to avoid it. Had my cough continued longer, I could not have been so well as I am now, if alive at all, for it was like tearing away my lungs. My first bleeding came on after a twenty-four hours incessant coughing. The blood had in my mouth a hot taste. For the first few days I tried the vapor, I brought up very freely and without the least pain a quantity of frothy and other indescribable matter—but have scarcely had an expectoration for above two weeks. Occasionally a little yellowish spit reminds me of the contrast between now and *what has been*. As to the process of *inhaling*, it is the most heavenly, earthly delight I ever knew! The vapor is both most deliciously penetrating and most penetratingly delicious; hot and searching; and it forces its way, or seems to, through all the bronchial tubes, opening and giving them new life and action. It is my nature to be thorough in everything I do, and to do it with all my might. I could not get the vapor strong enough, standing or sitting by the side of the boiling juice, and so I had a little *cuddy* (I can think of no better term) cut out by the side of the battery, up high, and into this I crawl up, and there stay sometimes half, and sometimes the whole day long. Having nothing to guide me in this matter, no past experience or medical advice, I follow my own inclinations about it, and very probably do not manage it as I ought. The efforts to keep myself in as comfortable a position as possible, and yet to hang over the kettle as far as I can, without falling in, give me plenty of exercise, notwithstanding the small space I have to take it in. I can bear almost any degree of heat. The thermometer stands by my head at 110° and upwards. Yet it is none too warm. It takes that degree or more to open the pores of my skin, which is hard and dry as parchiment. All my physicians have tried in vain to produce moisture upon it; but the vapor in its greatest intensity makes a sweat like rain. I get all it is possible to do in a sugar-house on my throat and chest, and think if one could take a regular bath of it, like any common vapor bath, it would cure almost any complaint. It makes me *sleepy*—is the best opiate I ever took—and the night after my first day's toil in my sugar-bath house, I slept more soundly for several hours, than I have for years; but was

awakened by a pain as great as if every limb had been racked, and the next day could scarcely bend my limbs; and sharp pains continued all over me for some time. But they passed off by degrees; and though I have ridden my sugar-hobby horse as faithfully as before, I have not been so afflicted since. But for the continued pain in my breast, around my right collar bone, the pit of my stomach, and between my shoulders, I should think I was getting well fast. This pain is not so severe while I am under the influence of the vapor. I feel it, but it is not (to speak paradoxically) painful—it is, as it were, *over-mastered, smothered*. At other times it is very sharp and lancinating—comes and goes suddenly. When it is on me, I feel as though it is foolish to think I shall ever be free from it, and while feeling so it is gone. When I am free from it, I almost forget that I ever had a pain in the world; and while enjoying this oblivion, back it comes again. Thus it has been for eighteen months. Yet all this time, except when prostrated by hæmorrhage from the lungs, I *have never lost my strength*. The vapor weakens me for a short time; but after a little rest, strength returns. I do not perceive that I either gain or lose flesh.”

This letter speaks for itself. The Italics, points, language and everything are all her own. Her description of intercostal neuralgia—a frequent attendant on tubercular phthisis—is drawn from nature and to the life, although she does not seem to know that it is not a part of the other pain she speaks of, as being felt nearly all the time, which is evidently pulmonary in its origin, but a superadded pain in the intercostal nerves. As she did not perceive whether she gained or lost flesh, I requested her to be accurately weighed from time to time. The discovery was subsequently made that she gained at the rate of a pound of flesh every five days. She said her healthy weight five or six years ago, when in the best health, was from 120 to 124 pounds.

“Then,” says she, “my collar bones were covered with flesh, and were not at all visible. My collar bones are still like hills in valleys, but not so protuberated as when you saw me. Blessed be the sugar-vapor.”

She was below her minimum healthy weight when she went into the sugar-house, as nearly as could be ascertained by comparing the rates of gain, some thirty pounds; and the week before she came out, she had got back about half her lost flesh—having gained some fifteen pounds. As she had adopted the extraordinary expedient of getting into the *vapor-chimney* to inhale the vapor from the boiling cane-juice in the kettles below, I asked for a particular description of her method of inhaling it. I would premise, however, that the vapor-chimney is a wide cone with its base downwards, reaching within a few feet of the tops of the kettles, to conduct off the vapor arising from the boiling cane-juice, to prevent its filling the room and obstructing the vision. Formerly there was no such contrivance—it was introduced by the American planters. On those plantations having no chimney, the whole house is full of vapor. In such my first observations were made. But where there is a vapor chimney, it is necessary to stoop over the kettles to inhale it, or to put a board or two in the flue to throw it out from the chimney. The

boilers are from four to five in number, each about six feet in diameter, and distinguished by different names, the last one being called the battery. Being disappointed in finding no vapor to inhale without leaning over the kettles, the patient had a closet or cuddy made in the chimney above the boilers—the floor of the closet being a little above the boiling juice.

The patient's description of her method of inhalation.—"I cannot say I ascend to my room by marble steps, but I manage to get up to it very well. The floor of my room has a carpet (a negro blanket), hung around with tapestry (coffee bags), sitting and kneeling cushions as many as it will hold. The dresses I wear were invented and made as occasion requires. I wear on my head a veil which falls in many folds around me—is now inflated and spread out in its fullest extent—now contracted and drawn in." "I will tell you how I wear it, and how it is made. Its form is circular and closed at the sides—is quite full, being four feet in width. I put it over my head entirely, so as to protect me from the dripping of the roof. I leave a little opening just large enough to take a peep through when I wish to. I can let it drop to the very kettle's brim, and receive from under it a column of vapor just as hot and as strong as I can possibly bear. The degree of heat depends greatly upon the way the wind blows and fills my sails. I learn something new every hour I sit or stand in my little prison house. The top of the board which protects me from the hot juice is about three feet high. I get on my feet and bend over the kettle. Behind me is the box containing the sugar-juice thrown out of the battery." [She means the *strike-box* where the hot syrup from the last kettle is thrown to crystallize into sugar.] "I get the benefit of this also. The two meetings of the vapor are most intensely penetrating. I wonder how I bear it. I find the more perspiration passes off, the more heat I can bear. I have every variety in my sweats. The moistening dew, the gentle shower, the heavy rain, and the stormy, perhaps the destroying deluge. *Certain I am there will be no medium to my case. It will be either kill or cure with me, and I mean it shall be.*" [The spirit of Andrew Jackson must surely still hover about the scene of his glory, and moves the *Maid of the Mist*, as the patient is called; for she utters the same sentiment that he uttered on the eve of the great battle, and almost in the same words. A great battle is going on between the all-conquering, full-grown, hæmorrhagic, tubercular phthisis gnawing at the lungs of the Philadelphia lady, and the saccharine cloud, charged with the elements of nutrition to warm-blooded animals, and destruction to the cold-blooded and the horrible beings of the microscopic world, which in all its concentrated power she has invoked to her rescue. All manner of poisonous, unhealthy and irrespirable vapors and noxious substances, in every form, have been directed against phthisis tuberculosa, but the disease being of a deadly, poisonous, irrespirable nature itself, it has flourished under them so greatly, that the more learning the less faith physicians have in any measure whatever to arrest its fatal progress.] "Sometimes I get so weak I can hardly get to my bed—not faint, exactly, but so like sinking down. There for an hour or more sometimes do I lie, seeing before me all the boiling kettles,

and feeling as though I should burn up alive. I do not lose my consciousness. Still I feel as if enveloped in mist that burns instead of melting, and everything is dark and cloudy. Yet after this has passed away, I am well and strong as before. By means of my veil I am able to let the vapor reach the whole surface of my chest, under my arms, and my arms themselves their whole length. My pains have greatly lessened, but still continue—less between my shoulders now, but higher up than they used to be. I think the left lobe of my lungs has healed. I have but little pain in that side now. My most pain is around and just below the right collar bone and close to my shoulder.” * *

“You ask if time hangs heavy? I answer, no. When the sparkling *sirup* is full of bubbles, and the scum in each kettle is all passed off, then the loud laugh begins and the ludicrous song, and the cry is given to *fire up*—the skimmers are laid by, and all hands heave the bucket together. Think you that the Maid of the Mist, peeping out from the clouds around her to gaze on the sublimity of the terrestrial scenes below, and then retreating as the thick rising waves enfold her in their sweet embrace, feels time hang heavy? I have to work hard and fast to keep the perspiration well wiped off.” * * “The vapor smoke does not smut, but makes my face and skin shine like a mirror.”

The mode of drinking the hot cane-juice.—“I have my own way of drinking the cane-juice, and I practise with this as with the vapor. I take it from the flambeau”—[the kettle next to the battery, there being no *prop* in that sugar-house.] “I sour it with lemon juice—use two or three a-day. I drink from a teacupful to a pint in ten or twelve hours, and take it before retiring to rest.”

Her diet.—“I use what I like best—live principally on sweet potatoes, for which I have a most unromantic craving—eggs, milk, rice, oysters, wild duck and fish; but my great stand-by is the potato, which I never take a meal without, besides keeping a sort of general munch at them all day long. I am living utterly regardless of system; nobody meddles with me. All do pretty much as I do—follow their own wills. So (to use a favorite expression of the darkies), I have a *first-rate* time in getting along.”

What Uncle Harry, the black sugar-maker, says.—“The black sugar-maker says he sees the *blood-grains* coming in my face every day, and that it does him good. Please admire this expression or term, *blood-grains*. It is expressive, technical, full of meaning. You know they test the syrup to see when it comes to the sugar point, by dipping in a ladle. When grains appear on this—granulous drops I suppose I should say—the moment has come for taking out the juice. Now what could be better than his idea of *blood-grains*? The rosy tinge of the novelist and poet is nothing to it—that phrase is surfeiting—’tis original. Once I was foolish enough to correct the phraseology of the blacks—to change their *fotch* and *brung* into bring and brought; I have a purer taste now, and like to see everything in keeping. I have every help in the way of kindness from all around. The white sugar-maker is very sweet in his way; but the black is chivalrously devoted—seems to connect my recovery with the reputation of the plantation—says he shall be *ashamed*

if I do not get well. I gain flesh, and my arms are more solid." * *
 "That stricture in my breast is all gone. I can throw my arms back now where they belong and used to stay before my illness. They have life now ; they hung like aching weights before."

What Aunt Susan, the asthmatic woman, says.—"I took the phthical woman up to breathe the vapor. She dislikes it very much—says it is harder work than cutting corn in the field." [In asthma the lung is already too thin and expanded ; in consumption the lung substance is more or less condensed. Hence the vapor, so useful in expanding the compressed tissues and enabling the air to permeate and expand the contracted parenchyma in consumption, causes a sensation of great fatigue in asthma.]

A little girl cured of a croupy cough.—"I cured a little black girl I have in my room to keep the ghosts off of nights, of a croupy cough, by making her inhale the vapor. Cured her in half a day, cough and all."

The sugar-house vapor causes the expulsion of the tubercles from the lungs, transformed into crystals of cholesterine, perhaps.—"La voila ! The awful, awful hot vapor, I described to you, has dislodged and brought up from unknown depths little rice-like and other very hard, irregular-shaped particles, that from their antique appearance look as though they might have taken root in my lungs as far back as the cradle. They are probably what remained when I had not strength to raise all that ought to have come up. I can only state facts, and tell what I think is the cause of them."

Her opinion of Physicians.—"I had the best. They gave me due warning of the state of my lungs before they set up their flaming-red banner." [She alludes to hæmoptysis.] "I have spent a good portion of my life with those of your profession, and have friends and relations who are doctors, and my whole existence, in short, has been so connected with them, that some how I have got to think that I am half a doctor myself. Then they understand a body so well, too, and have such liberal views of men and things ; they are the easiest people in the world to get along with, though they are apt to disagree among themselves." * * "They told me that besides the revelations of auscultation, there was evidence enough that my lungs were deeply implicated." * * "Do you know Dr. Hunt, editor of the Buffalo Medical Journal ? Though not my doctor, he stethoscoped my lungs." [Dr. Hunt is remembered as one of the most polite and good-natured of those, who hastily confounded my advocacy of a great truth—the Willardian theorem, that the chief motive power of the blood is located in the lungs and derived from respiration—with the Willardian theory or hypothesis that caloric, generated in the lungs, circulates the blood—an hypothesis built upon another hypothesis, long since exploded, that respiration is a veritable combustion. The progress of physiology has put out the fire in the lungs from which Mrs. Willard derived her caloric to circulate the blood, and while utterly demolishing her hypothesis every foot of its progress—the doctrine of cell life and an active circulation in embryos before the heart is formed—is tending to demonstrate the great truth first announced by her, the American *Filia nata Jovis*, that it is not the heart, but respi-

ration or rather oxygenation, from which the chief motive power that circulates the blood is derived. Much merriment, at my expense, has been indulged in by writers in the medical journals, and even in the *National Intelligencer*, attributing to me the folly of being an advocate of Mrs. Willard's untenable hypothesis, because my experiments on alligators had demonstrated the truth of a most important physiological principle, which she had been the first to announce. Prof. Theophilus Thompson, of London, has, in a recent work, not scrupled to appropriate Mrs. Willard's *practice*, founded on her *theorem*, to himself, without giving her credit for one or the other. See his work, "Clinical Lectures on Pulmonary Consumption," page 216, where he says "*I cannot but think that some of the evils incident to intense study might be obviated by occasionally pausing to practise breathing.*" He surely ought to know, what nearly every intelligent physician of America knows, and what the weaker brethren have been laughing at, that Mrs. Willard has for many years been putting in practice on her numerous pupils, and recommending in her writings, the very thing which he suggests. If he knew it, he ought to have given her credit for it; and if in doing justice to a woman, he brought on himself a storm of ridicule, as has been my lot, he ought to have stood and took it.]

How goes the battle between the sugar-house vapor and tubercular phthisis?—Let the Maid of the Mist proclaim the victory. "To-day I take my last vapor inhalation, and shall feel when leaving the cuddy in the chimney as though I were leaving my last, best and only friend. I passed yesterday in making flags and banners for the row [ball] at the brake up. I am going to try my hand at fancy cooking for the darkies—to help get them up a supper. I AM CURED! Yes, even I, the given out to die. All around tell me of the great improvement in my looks. I do not hold much intercourse with a mirror; but I have an inward glass in my feelings, which gives quite as true a report. I could tell you of *test-acts*, infinite in number, proving that I am cured. First, of an accidental one. I got into a boat to see if I could row myself. I was making fine head way, when I lost my balance and fell splash into the water—had a complete immersion. A black woman took me out, and though I had to drag my wet garments quite a distance, yet *I did not take a bit of cold*. Lately, instead of going to bed after inhaling the vapor, as I did a month ago, I go immediately out and exercise actively in the open air, and feel better by it."

The ball.—"The neighbors were invited to the ball. It rained, and they had to stay all night. I sat up and paddled about all night from the house to the ball-room (an open barn), and to the kitchen, in the wet and rain. I felt well."

A week after the ball.—"Half the blacks on the place have been made sick by the unlucky rain on the ball and supper night—have sore throats and cough. I have been indisposed myself in the same way, but am better than the sick black ones."

Two weeks after the ball.—"I am remarkably well—no pain—no cough—no expectoration—no sore throat, and have the use of my voice—which becomes a little hoarse, however, after much loud speaking."

Last account, Sept. 11th, 1854.—Patient reports that she continues well, and resigns her place in the sugar-house to a consumptive friend—not intending to return. She says, after much loss of rest in nursing the sick and exposure, she expectorated a little yellow matter, and thinks it came from a small spot in her lungs—retains her voice, which only becomes a little hoarse after much loud speaking—has spit no blood, not a drop, since last winter—has been free from fever, pain or cough, and has her strength. She concludes her letter by saying that, “No inward medicine, no outward appliances, have the effect of the vapor in removing pain and oppression from the chest.”

Canal st., New Orleans, Sept. 28, 1854.

MEDICAL CASES AT THE MASSACHUSETTS GENERAL HOSPITAL.

REPORTED BY R. M. HODGES, M.D.

CASE 1.—*Puerperal Convulsions two months after delivery. Under the care of DR. M. S. PERRY.*—H. M. Irish. Married female. Entered Hospital, Aug. 2d, and was unable to give any account of herself. It was learned from a friend that she was confined two months since. The delivery was easy and natural, and her previous health had been good. She got up in about one week and put her hands into cold water to assist in washing; was taken with fever the next day and has kept her bed ever since, being delirious most of the time. Has had several attacks of convulsions lasting four or five minutes; but none for the last two weeks. Lochia persisted five weeks, gradually diminishing. Bowels constipated. Urine light colored.

Aug. 3d.—Nurse reports her to be sleepy, but easily roused, lying apparently insensible except when spoken to. Skin natural. Pulse feeble, 60. Pupils contract under the influence of light. Respiration 24, and no unusual fulness of abdomen. Was ordered a cathartic and Hoffman's anodyne.

Aug. 4th.—After apparent improvement since previous visit, she had a severe convulsion lasting two or three minutes. She had had no dejection since entrance, nor passage of urine. She was therefore ordered an enema of soap suds and turpentine, and catheterism. R. Hydrarg. sub. mur., grs. ij.; ext. cicutæ, gr. j. M. Every four hours. If the convulsions returned she was to have ten leeches to temples. The head is to be kept cool and the feet warm.

5th.—Has had one convulsion. Now lies stupid and breathing stertorously. Skin hot. Pulse 60, full. Pupils more dilated. Cannot be roused. Swallows with difficulty. Having had no free dejection from the enema, is to have two drops of croton oil every three hours until free catharsis. Continue the pills and apply a blister to back of neck, and cataplasms to feet.

6th.—No convulsions; two free dejections after four doses of oil. Not quite so stupid as yesterday. Breathing less stertorous. Skin still hot. Pulse 84, soft and full. Pupils more contracted. Does not answer

questions correctly. Micturition involuntary. Continue pills and repeat the croton oil at night, if no dejection.

7th.—The patient was removed by friends, and died two hours afterwards. No autopsy obtained.

The occurrence of convulsions after the termination of labor is usually looked upon as more dangerous than at any other period. This case was one of long duration, especially as there existed no congestion or other complication. Its cause must have been some injury to the nervous centres at the time of delivery, and which the erect position, fatigue and shock of cold water may have been instrumental in developing into an acute disease.

CASE II.—*Gastro-Enteritis. Under the care of Dr. M. S. PERRY.*
—A. B., at 47. Married. American, female. Entered Hospital Aug. 17th. Has kept a boarding-house, and worked hard for fourteen years past. General health good until one year ago, when she commenced suffering from languor, faintness, heart-burn and oppression. For the last three months has been confined to room. Catamenia ceased, and coincidentally a leucorrhœa of four years standing. Vomits upon taking the least nourishment, and says she has lost much flesh and strength. Complains of pulsation at epigastrium, which is tender, and where, to the left of median line, is discerned a tumor size of fist, which she reports to be sometimes on one side and sometimes on the other. She says it is the seat of cutting pains, and that these pains are accompanied by much flatulence. Bowels regular. Sleeps poorly. Tongue not coated, but reddish. Pulse 92. Skin cool. She has no thoracic or cardiac disease. Countenance anæmic, sallow and much emaciated. She is ordered four drops of hydrocyanic acid, liquid farinaceous diet, and milk with brandy. At the next visit she reported no vomiting, but some diarrhœa of a watery character. The tumor had disappeared. On the 21st it was again present and noticed to be accompanied by pulsations, but her general condition was improved, hands warmer, and appetite such as to induce her to ask for bread and piece of beefsteak. Tinct. iodine to be applied to tumor daily.

Aug. 28th.—There has been no return of vomiting, but a watery diarrhœa has existed since its cessation. The tumor is readily found, but may always be dissipated by gentle pressure or friction.

Sept. 3d.—Opium having a very transient influence upon the diarrhœa, she was ordered sub. nitr. of bismuth, grs. x. once in six hours. This successfully arrested it in the course of a day or two, and was stopped because she complained of pain in the tumor which otherwise is as previously.

20th.—Vomiting returned after an indiscreet use of food. Controlled as before by hydrocyanic acid. Tumor not at all apparent. Abdominal muscles remarkably tense.

24th.—Is put upon syr. fer. iod. From this time up to the date of her discharge, the general health improved; though occasional attacks of vomiting and diarrhœa occurred, they almost always were the sequence of indiscretions of diet. She continued her iron and tonics, such as por-

ter, wine, &c., with manifest improvement to her anæmic condition, and went out Oct. 19th "relieved," without any tumor that could be felt.

The tumor at the epigastrium in this case was undoubtedly of an inflammatory character, the seat of which was the colon as indicated by its mobility. The pulsation was owing to its position over the aorta, its transient disappearance to the varying degree of flatulence, and its permanent disappearance to her improved general health. Though at first the symptoms which accompanied the tumor might have led to the supposition that it was malignant, the speedy removal of the vomiting and the general improvement of her health, together with the disappearance of the tumor, of course dissipated any such fears. Another point of interest is the arrest of the diarrhœa by the sub. nitr. of bismuth, a medicine which Dr. Perry has used with success in several cases of diarrhœa, especially in those assuming anything like a permanent character. It might have been stated in the history of this case that the patient consulted a "Nutritive physician," who, according to her statement, purged her one hundred and forty times.

CASE III.—*Chronic Diarrhœa. Under the care of Dr. D. H. STORER.*

—A. B. had had chronic diarrhœa, for three years, having from twelve to twenty-four dejections in twenty-four hours, and at time of entrance twenty-four in twelve hours. At times these were accompanied by some blood. Treatment has been neglected, and such as he has followed been of no avail. He has some phthisical symptoms, but they are not active. He was ordered milk and lime water with crackers for diet, and a half grain of the oxide of silver once in four hours. Under this treatment his dejections came down to four stools in twenty-four hours. At the end of a week a half grain of opium was added to the silver, and now, at the end of a fortnight, the discharges are hardly more than of normal frequency. Between the 23d and 29th of August the discharges were reduced down to five and six per diem. About the 3d of September they were increased by a departure from his prescribed diet. But without change of treatment he went on improving till his dejections were reduced to two or three in the twenty-four hours. On the 15th he was discharged "much relieved."

CASE IV.—*Sub-acute Metritis. Under the care of Dr. M. S. PERRY.*

—A. M. Married. Irish. Entered July 27th. Four months since confined with her first child, and has not been well since. A fortnight after confinement she got up and went about house; her milk ceased to flow shortly after, and febrile attacks followed. Catamenia have never returned. Has been confined to her bed since May, with the exception of last week, during which she has been about. Complains of pain in left hip and groin, extending to bowels and side, but this is less now than at first, when it was sharp and stabbing, accompanied by dysuria and sense of weighing and bearing down. Appetite not good, bowels regular. Tongue red and moist. Skin hot. Pulse 120. Abdomen full but soft, tender, and swollen in hypogastric region. No leucorrhœa or vaginal discharge.

July 29th.—A firm tumor above pubes was distinctly perceptible, extending upwards four inches in the median line, symmetrical in shape,

and not particularly tender on pressure. Pain had been previously relieved by the following pills: viz., R. Ext. hyoscyami, grs. ij.; pil. hydrag., grs. iij., and they are continued.

Aug. 2d.—After several days of seeming improvement, it is reported, “No defection for three days, more tenderness at epigastrium. Swelling increased, quite tender on pressure. Has dysuria and less water than usual.” On the 3d, the swelling was smaller and the dysuria less. Mercurial odor was noticed, and the pills of the 29th were omitted. 4th. Pain and dysuria again increased. Examination of urine revealed pus globules, epithelium, oxalate of lime in considerable quantities and albumen. Her condition continued varying in this way up to August 15th. Swelling and tenderness, dysuria and shooting pains alternating with comfort and ease, and from that date she was put upon a tonic course with the syr. ferri iod.

21st.—Improved. Vaginal examination reveals uterus enlarged and tender to touch. Abdominal tumor smaller. General condition better. Appetite good. Continue the iron.

Sept. 1st.—Tumor almost disappeared. Is sitting up and dressed, doing well. Sept. 10th.—She was discharged.

CASE V.—On the 23d of August there entered a patient with dysuria and incontinence of urine of three months standing, who had been for some time under treatment, coming on after miscarriage and the sudden arrest of her catamenia. The os uteri was congested. There was vaginitis and cystitis. There was no ulceration of the os uteri. Immense relief followed the local treatment of the vaginitis. But nothing like a cure was effected until the patient was slightly mercurialized, the beneficial influence of which course of treatment was strikingly confirmed by its application to two other patients in the male ward, both of whom improved from the day that the specific effect of mercury showed itself, and were rapidly and permanently cured by its action.

A case of severe “lumbago” unaccompanied by marked uterine or vaginal disease, and with too marked a character to be supposed attributable to the slight leucorrhœa and vaginitis accompanying it, was nevertheless completely relieved by a few local applications of the nitrate of silver.—Another patient, afflicted with asthma appearing periodically, coincident with the catamenial epochs, was afforded a great degree of relief by the local treatment of a slight leucorrhœa and vaginal inflammation which were coexistent. These two cases, in connection with the previous one, afford excellent examples of the influence upon the general system of derangement in any of the offices of the genito-urinary apparatus, and the successful result which their detection may give to the treatment of obstinate complaints or disturbances of the general health obscure in their origin. In neither of the three cases was there ulceration of the os uteri.

A sponge bath of nitric acid water seems to have an excellent control over the night sweats of phthisical patients. In one instance from July 11th, the date of the first application, up to August 6th, there was entire immunity, when previously they had been of nightly occurrence. Subsequent repetition afforded similar relief.

The above observations were collected in the wards of Dr. M. S. PERRY.

Boston, October 25th, 1854.

NOTICE OF SOME OF THE INDIGENOUS MEDICINAL PLANTS OF CALIFORNIA.

BY GUSTAVUS L. SIMMONS.

CALIFORNIA, heretofore rendered famous by her varied mineral deposits, will acquire a new and as worthy a name for her botanical treasures, whenever they are fully known. The discovery of the gigantic "*Washingtonia*" of her forests, which has excited the admiration of botanists throughout the world, may be called but one of a series of important discoveries in this science, which a faithful examination of her productions cannot fail to develop.

From the "Sierra Nevada" range of mountains to the Pacific Ocean, hardly a mile of land can be traversed which does not yield either some well-known remedial agent, or a new specimen of apparently high medicinal power.

In medical botany there are known at present varieties of the sarsaparilla, scilla, eupatorium, mentha, stramonium, rhus, salvia, althea, aconitum and anthemis; besides numbers of shrubs and trees, some of which have been supposed to be indigenous only to foreign countries. One of these is the "*Laurus nobilis*" or bay tree, which grows in perfection within seventy-five miles of Sacramento. It attains the height of some ten or twenty feet. The leaves are highly fragrant, and the "bay water" distilled from them has their peculiar odor.

The "*Juniperus sabina*" (savine) flourishes in the soil of the lower range of the Sierra Nevada. This is an evergreen of thirty feet high, and yields a large quantity of fragrant flowers.

The "*Cornus Florida*" also abounds in the same localities, and grows to the height of forty feet.

Among the indigenous medical plants of California there are two in common use which seem to possess virtues worthy of notice, the knowledge of which has been acquired by the Americans from the native Californians or hunters. One of them is the Spanish "*Amole*" or soap plant.

This plant was noticed by "Fremont" and other writers on California for its saponaceous properties, but it has only been since the occupancy of the State by the American people, consequent upon the gold excitement, that a knowledge of its medical properties has been known.

Presuming it has been botanically described, not having the authorities to certify the fact), I will merely give its chief characteristics only for the purpose of identification.

The "*Amole*" is a bulbous plant; leaves lanceolate, acuminate, radical, entire, glabrous, from 8 to 12 inches in length; scape from 3 to 6 feet high; flowers white, in terminal racemes, panicles small; parianth

tubular, 6 parted, 10 lines in length; ovary 3 celled; bulb perennial, 3 inches in diameter, $4\frac{1}{2}$ inches long; scaly; external scales dark brown and fibrous, internal layers white and tender.

Habitat.—Neighborhood of lagoons, Sacramento valley.

The bulb is the portion used for medical purposes. This, when broken apart and agitated with water, forms a soft and creamy mucilage, from which it has derived its name of “amole.”

The mucilage resembles the “*Mucilago acacia*.” Boiling thickens it, and a solution of the subacetate of lead affords no precipitation.

It has a sweet taste and leaves no unpleasant sensation in the mouth. Two drachms operate as a laxative in from four to six hours.

Its principal use in California is as an external emollient application. Many Americans while travelling through the States have been poisoned by the “*Rhus toxicodendron*,” which grows there in great abundance. The poison from this article in California is generally of the most violent type, and the usual course of treatment has often failed to afford relief. Some persons when suffering from the malady were advised by the *natives* to make an application of “Amole,” and after doing so found themselves relieved; until now the remedy is well established, and in common use.

Not only is it beneficial in subduing the inflammation consequent upon poisoning, but in all erysipelatous affections, and many cutaneous diseases, it has proved itself a safe and reliable remedy. It is prepared by taking off the coarse external scales of the bulb, and grating the remainder in a close vessel; a sufficient quantity of water is then added, and the whole triturated until a thick mucilage is formed; this is strained through coarse muslin, and it is applied to the affected part in a similar manner to a *cataplasm*, at the same time it is administered internally as often as may be necessary to keep the bowels open.

“*La Yerba Resinosa*” (so called by the Californians) is another plant worthy of notice. It grows from $1\frac{1}{2}$ to 3 feet high. Leaves alternate, sessile, oblong obtuse, serrulate, deciduous, 2 inches long; flowers collected into a dense capitulum; scales setose, monaceous; diameter, 1 inch; color, yellow orange.

The leaves, heads, and stem of this plant are covered with a transparent resinous substance, which has a strong aromatic odor, resembling somewhat that emanating from the balsam fir.

This resin is most abundant when the plant is in full flower. At these times if the finger is applied to the under side of the capitulum, and allowed to remain there for a few seconds, upon withdrawing the resin will be found adhering in long transparent strings.

It gathers in tears around the base of the scales, and is a source of inconvenience to the traveller, who is obliged to come in contact with it. The plant flowers from June until August, and its odoriferous properties are so strong and peculiar that the scent which at first seems pleasant, finally becomes disagreeable, and even sickening.

An alcoholic tincture of the leaves and flowers in the proportion of two ounces to one pint of sp. vin. rect., yields upon evaporation two drachms of the resinous substance.

The medical properties of "La Yerba Resinosa" are those of a tonic *febrifuge*. The prevailing malady in California is intermittent fever. In some localities, at certain seasons of the year, no age or sex is exempt, and the discovery of an indigenous plant possessing the properties of the usual febrifuge remedies, cannot fail to prove a blessing, especially to those who reside at remote distances from cities and towns.

The usual manner of preparing this remedy is by decoction, although many make a tincture with some kind of alcoholic liquor.

The last method would seem to be preferable, as the resinous property of the plant is soluble in water only to a limited extent.

Its effects upon the system seem to be somewhat similar to those produced by cinchona, yet they more closely resemble those produced by the action of the *Eupatorium perfoliatum*. Given warm, even when a chill or fever is present it produces a profuse diaphoresis, and carried to any extent, catharsis, and sometimes emesis. It is used in dysenteries and diarrhœas, as well as fevers; and as these maladies in California are usually more or less complicated with intermittent symptoms, it is given with considerable benefit.

From its abundance and apparently high medicinal virtues it is to be hoped that medical men will generally test its efficacy, and if it does possess the attributed properties, have it placed in a prominent position in our *materia medica*.—*American Journal of Pharmacy*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 1, 1854.

Homœopathy in New York.—Our attention has been directed to the following extract of a letter from a gentleman in New York to the Brattleboro' (Vt.) Eagle. We know nothing of the facts stated; but the general remarks of the writer are deserving of notice by the community as well as the profession.

"In the 'Eagle' of last week or of the week previous, I observed some allusion to the illness of the late Bp. Wainwright, its cause and its progress. It commenced as dysentery, and from this he sank into a typhoid remittent fever, which terminated in his death. But it is now generally admitted and believed that Dr. W. died a *victim to Homœopathy*, or as an equivalent expression in a negative form, he died *for want of treatment*. For two years before his death, Dr. Wainwright allowed himself to be deluded into a belief in this form of quackery, and by his influence and example in his diocese, has done very great injury to the regular practice and to the science of medicine. Still, it has proved a harmless delusion during his years of health, at least so far as he was personally concerned; but as his sickness advanced unchecked, through days and weeks of suffering, in spite of what was termed *treatment*, the Bishop and his family both became aware of the utter folly of such tampering. Nevertheless, *eleven days more* were allowed to elapse before the man was dismissed and two regularly-bred physicians of talent and high repute were summoned to the bedside. A brief examination was sufficient to show them that it was now too late. That period

of delay, of *trifling*, which has not even the excuses that *neglect* might offer, had been fatal, and further effort would probably be hopeless. The next day death closed the scene. But Homœopathy had meantime stepped gracefully aside, giving up all charge and waiving all responsibility in the case, so that in the report of the result with the details, *quackery* is made not to appear at all.

"Thus having trifled away a valuable life, in fact having killed the patient, the Homœopath suddenly retires, and gives way to any one who will take the case for humanity's sake, and on *his* shoulders (being the last in charge), is sure to rest the responsibility. Now suppose the result to be different, suppose the patient *lives* in spite of rhododendron and pulsatilla, the demonstrations of Homœopathy are then not feeble nor modest. Its light is no longer hid under a bushel, its brazen features are no longer out of sight or reach.

"This seems to be the rule of homœopathic practice, to hang on to a case so long as the result seems favorable, but to stand ready at the turn of the tide to step quietly aside and shirk every thing, at the denouement being just *no where* !

"How long will *quackery* rule in high places ? But Homœopathy has seen its best days in New York, and though the iniquity still abounds, 'the love of many is waxing cold.'

"Pretension, immorality and coarseness stamp the majority of the practitioners of this system, and society will soon cut loose from such medical advisers.

Tact.—A power of readily adapting one's self to the circumstances of the time and place where a service is required, is essential in a physician. Much as the great public honor sound judgment in a medical practitioner, that same public is restive under too much moderation in the display of it. In every community in which there is medical competition, the most successful are those who despatch business rapidly. And by doing so, it by no means follows that they are either negligent or wanting in that essential property—discrimination ; for many medical men, as well as others, are gifted with the faculty of quick perception, and a tact for concentrating their powers in a moment. A tedious, hesitating, undecided expression at the bedside, is ruinous to a physician. It may answer awhile ; but whenever a comparison is made with those who accomplish quite as much, and do it with decision and despatch, it operates disadvantageously for the former. A slow coach can only be sustained where there is no competitor. This is emphatically an age of progress in the way of practising medicine. Activity, and a ready method of investigating as well as of prescribing, are quite necessary. Tact is every thing ; and without it, no expectations need be indulged of distinction in medicine. Of course, a physician should first have a thorough acquaintance with the disease which is presented, and then let him put in practice the quality we have here recommended.

Medical Catalogues.—Occasionally our large publishers send us a systematically arranged catalogue of their professional works ; and we derive both pleasure and instruction from the examination of them. The names and services of many an author, accompanied by the opinions of the press upon their merits, are thus brought directly under the eye. It is scarcely possible for a physician of moderate means, however ambitious for knowledge, to purchase a tenth part of the treatises which are annually announc-

ed. There is a gratification, nevertheless, in knowing how much has been added to the commonwealth of professional literature. If we cannot have all the new books, we may at least keep up with the times sufficiently for conversational purposes, and this can be done through the catalogues of the great publishing houses. Sometimes they are illustrated with excellent drawings, to show what may be expected in the particular treatise to which they belong. The idea is excellent. Such specimens have far more influence with the reading public, than a novice in the art of trade might suppose. So, also, of an occasional page of the text—it is a sample of the material, in mercantile parlance, and gives needed information to the reader. There is nothing better than this actual demonstration. A reviewer may extol or condemn to the day of doom; but, after all, this is nothing compared to having the original for deliberate inspection. These cogitations have resulted from thumbing the leaves of Messrs. S. S. & W. Wood's Catalogue of medical books, from 261 Pearl street, New York. Surely no one can rise from a leisurely perusal of this copious list of authors, without feeling that medical men, of all countries and all ages, have been industrious contributors to the archives of science, art and letters.

American Eclectic Dispensatory.—From the press of Messrs. Moore, Wilstack & Keys, Cincinnati, an enormously stout octavo has been sent forth, bearing the above title. Its prolific author is John King, M.D., who fills the chair of obstetrics, and the diseases of women and children, in the Eclectic Medical Institute of that city. No one need to question our views respecting the bulky character of the work, on being assured that it contains *thirteen hundred and ninety-one pages*. This work has already been alluded to by a correspondent in the number of this Journal for Oct. 11th. It is therefore unnecessary for us to do much more than to extol the almost unexampled industry of Dr. King. We would not be understood as condemning the great size of the book. Full descriptions of the appearance, habitude, officinal value, botanical character, and other properties of plants, cannot be condensed into a nutshell. A botanical garden could not be established in a flower pot. Because the work emanated from a school well known to be in no fellowship with the regular class of medical institutions, no favor will probably be expected from the profession generally. With respect to ourselves, while doing all within our power to sustain the fabric of regular, scientific medicine, we are not blind to whatever may be good from other sources, nor so prejudiced as not to acknowledge merit even in an enemy. By the mass of medical minds, this dispensatory will be held in no estimation. Its really good points will be overlooked on account of the poor company in which they are found.

Parisian Peculiarities and Statistics.—It is pretty generally admitted, that the sun under which we live, the air we breathe, and the soil on which we tread, contribute more to the formation of our character, disposition temperament, &c., than all those influences denominated “immediate circumstances.” The body receives its mould; the face its varied expression, color, &c.; and the mind its traits, and endless and indefinable peculiarities, very much from the climate we inhabit. There are certain peculiarities, apart from race, in the inhabitants of different climates, which serve to distinguish them from the rest of mankind. Much, I admit, is modified by education; but still there remains a broad, distinctly-defined

outline. There is a something in the honest face and portly form of the Englishman; in the serio-comic, half-doubting, half-suspecting face of the Hibernian; in the steady, sober brow of the Caledonian; in the keen, sharp, "calculating" look of the American; in the mild and intellectual features of the German; in the quick, yet soft glance of the Italian; in the half-subdued, half-smothered, smouldering fire of the dark, suspicious-looking, and suspecting Spaniard—in all these, and I might multiply them, there are certain peculiarities, almost prehensible, whereby they may be known. There is a something, too, in the countenance of the Parisian which leaves an indelible impression on our minds, and which would enable us to exclaim "There is a Parisian!" but what that something is, it is impossible to define. Everything is so concealed, so hidden, as it were, that nothing can be seized in the natural position of the face. The pathognomist may succeed, but physiognomy is kept at bay.

"The French are composed of *two* species—the *Semitic*, comprising the Celtic, Pelasgian, and Arab; and the *Scythic*, furnishing the Germanic."

"The *Celtic* comprises two large families—the Gallic and the Kimric; the latter again furnishes the Gallo-Kimric and the Belgic." "The *Pelasgian* comprises the Ionian Greek and the Latin Greek." "The Arabian race is represented by the Jews."

In the last century, the average length of a Parisian's life was 28 years; now it is 34. In the last century there died in Paris annually 1 in 32; now it is 1 in 39—a gain of 7 per cent. This says much in favor of Hygiene. The deaths in Paris daily average 80·5—of which 51 die at their own residences, 27 in civil hospitals, 2·5 in military ditto.—DR. HINGSTON, *on the Medical Institutions of Paris*.

American Medical Students in Paris.—One of the correspondents of the Charleston Medical Journal writes as follows respecting the American portion of the crowd of students who attend the Parisian hospitals.

"Next to the Frenchmen, in number, rank the Americans; they are generally tall, but with every hue, feature and appearance of every other race on the globe. Some are unmistakable, but others you could not distinguish from anybody else. They adapt themselves, or offer without adaptation, any type that exists. They have an ambition to speak French—some cannot resist chewing the customary weed; many are very hard and regular students, others amateurs, who stroll in a morning or so, look at a great gun, find hospitals, before breakfast, not the things they are reported to be, and that is the last you see of them *here*. But many of our countrymen actually do not give themselves time to take their meals in Paris, so constantly and assiduously do they attend hospitals, lectures, cliniques, dissections, private courses, &c. An American, when he *is* a student, and that not seldom, goes ahead at it, and none surpass him. But he does not observe, reflect, and draw conclusions as much as he crams. He does not lose a moment of the short time he has allowed himself for medical Paris, because he means to know the *Quartier Latin*, attend the *Café Chantons*, *Mabilles*, the theatres on the other side of the river, and see Europe besides. The American is, therefore, generally under high pressure. I can affirm that many do not give themselves time for digestion, consequently, with all the advantages of French cookery, they remain as they came, dyspeptic! On their way from one hospital or lecture to another, they fly into a restaurant, swallow down a breakfast at 10, or a lunch at 1, and away they go. If you follow him until 10 that night, he is still in motion. He has, in the

mean time, taken a crowd of notes, which he puts up to read over and digest some day when he reaches home."

Dr. Drake's Second Volume.—A large and well-finished volume, of right library size—viz., nine hundred and eighty-five pages—is just from the press of Lippincott, Grambo & Co., Philadelphia, bearing the title:—"A Systematic Treatise, Historical, Etiological and Practical, on the principal Diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian and Esquimaux Varieties of its Population. By Daniel Drake, M.D. Edited by S. Hanbury Smith, M.D., and Francis G. Smith, M.D.," &c. &c. Another opportunity will be taken for presenting our readers the general plan and scope of this learned production.

Medical Miscellany.—A Dr. Deen, of the State of New York, has been sent to the State prison for fifteen years, for the commission of a rape. Another physician, in Maine, has been acquitted of an alleged crime.—Medical journals are generally occupied with accounts of the prevailing epidemics of the past summer, accompanied by suggestions in regard to what might have been done.—The greatest school of surgery at the present time, is to be found in the armies of Turkey. American surgeons would unquestionably be taken into government service, on application to the minister of war at Constantinople. A scarcity of surgeons on board the steamers and transports has been a subject of severe comment and complaint.—With the approach of autumnal winds and the falling of the leaves, consumptive patients multiply. Going South is no remedy of a permanent character.—Some eminent medical men have abandoned the honorable practice of the profession, in haste to be rich by the manufacture of pills and potions for every ill.—The alarm touching the plague in London is more a topic of conversation in America than in Europe.—No cases of plague have occurred either in Syria, Turkey or Egypt, for a long while. It may be, however, the repose of a volcano, which will burst forth again with terrible energy.—Dentistry is still thought to be the most profitable of either of the branches of the medical profession. Large sums are received in the principal cities by operating dentists, who gather the best practice over the railroads from the country.—A disposition is manifested, in high places, to attribute certain diseases to the agency of lead pipes. It is an annual affair, which generally subsides after a few remarkable cases have been shown to have had a different cause.—Boils seem to afflict all classes of people at the North the present autumn.

TO CORRESPONDENTS.—The following papers have been received:—Case of Rupture of the Uterus; Case of Surgical Mal-practice; Amputation of the Thigh.

MARRIED.—In Lisbon, N. H., Oct. 19, Charles H. Boynton, M.D., of Alexandria, N. H., to Miss Mary H. Cummings, of Lisbon.

Deaths in Boston for the week ending Saturday noon, Oct. 28th, 55. Males, 26—females, 29.—Disease of the brain, 1—congestion of the brain, 1—consumption, 17—cancer, 1—convulsions, 1—cholera infantum, 1—cholera morbus, 1—croup, 2—dysentery, 3—dropsy in the head, 1—drowned, 1—debility, 1—infantile diseases, 4—fever, 1—typhoid fever, 1—disease of the heart, 3—disease of the kidneys, 1—intemperance, 1—inflammation of the lungs, 1—marasmus, 4—pleurisy, 2—disease of the spine, 1—smallpox, 1—teething, 3—thrush, 1.

Under 5 years, 21—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 7—above 60 years, 4. Born in the United States, 39—Ireland, 13—England, 2—British Provinces, 1.

To Prevent Night-sweats in Phthisis.—Night-perspirations in the course of phthisis are often extremely annoying to the patient; they appear, also, to be simply debilitating, and unattended by any degree of collateral benefit. Some cases which were carefully noted by Mr. Hutchinson, the clinical assistant at the City Hospital for chest diseases, with a view to the determination of that question, appeared to show that they may be artificially checked, not only with impunity, but with great benefit. The patients who were so treated, and who, in the course of a week or a fortnight, got quite rid of sweatings, which for months had been profuse, thought themselves much better, and did not complain of increase, either as regards the expectoration, the feverishness, or the sense of stuffing in the chest. Under the usual treatment of phthisis (full diet, cod-liver oil, and tonics), the tendency to night-perspirations often ceases spontaneously. If it becomes desirable to expedite the process, it may be done by the sesquichloride of iron, the mineral acids, or, best of all, by the gallic acid. The following is the prescription for a night draught containing the latter:—*R.* Acidi gallici., gr. viij.; Morph. acet., gr. $\frac{1}{2}$; Alcohol, q. s. (a few drops); Syr. toltan., $\mathfrak{z}$ ss; Aquæ, $\mathfrak{z}$ j. The night-pill, as we find in the Pharmacopœia of the Brompton Hospital for consumption, is—*R.* Acid. gallic., gr. v.; Morph. hydrochl., gr. $\frac{1}{2}$; Mist. acac., q. s. Ft. pil. ij.

It is also of advantage to adopt an astringent regimen as far as convenient. The patient should be directed to sleep on a mattress, alone, and not heavily clothed; he should wear no flannel in bed; as dry a diet should be taken as conveniently can be borne, and fluid should be especially avoided in the latter half of the day, none whatever being allowed later than several hours before bed-time.—*London Medical Times.*

Cæsarian Section.—Dr. Sack reports a case of Cæsarian section terminating favorably to mother and child. A woman æt. 22, a primâpara, was admitted at the obstetric clinique at Bonn. The forceps were used without success, on account of the narrowing of the brim. The incision divided the omentum, and on opening the uterus, the placenta was seen. The child was so tightly jammed by the head into the brim, that repeated strong pulls by the breech were necessary to extract it.—*Prag. Vierteljahrsh.*

BOYLSTON MEDICAL SCHOOL.

THE regular course of instruction in the Boylston Medical School will be continued on the plan heretofore successfully pursued, and which the instructors are able to recommend with renewed confidence. It is similar to the method followed in the European Universities, and now so generally approved by the profession in this country. The course is so arranged, that those commencing their studies have every opportunity for acquiring a thorough and practical knowledge of the fundamental principles of Medicine, while, at the same time, the more advanced student is carefully assisted in his final preparations for the responsibilities of his professional life.

As formerly, unusual advantages will be offered for the study of Anatomy and for practising Surgical Operations, without extra charge.

All the opportunities for Clinical and other instruction in the various Institutions of this city, will be open to the students of this School. Among these may be mentioned the advantages for studying disease afforded in the medical and surgical practice of the Massachusetts General Hospital, the Eye and Ear Infirmary, the various large Hospitals in the vicinity of the city, and also the collections of the several Anatomical and Pathological Museums. In the departments of Chemistry and Obstetrics, and of Practical Auscultation, the fullest opportunities for personal experience will be offered to students.

During the Winter a special course of lectures and instruction on Diseases of the Eye will be given by Dr. Williams. Other courses will also be given during the year by the Instructors.

Since the summer vacation such changes have been made in the organization of the School, as will increase its efficiency, and offer better inducements than have before been extended to students who wish to obtain a thorough medical education.

The fee for instruction is \$80. Its course extends over the entire year, with the exception of the vacation during August, and students may enter at any time. Those intending to pursue their studies in this city during the ensuing winter, are invited to join the School during the month of October.

The room of the School, in Liberty Tree Block, is open at all times to the students, and is furnished with anatomical preparations, plates, and other auxiliaries to study.

Catalogues may be procured at the bookstore of G. W. Briggs & Co., 436 Washington street, or at Burnett's apothecary store, 39 Tremont street.

Applications for admission may be made to Winslow Lewis, M.D., corner of Boylston and Carver sts., or H. W. Williams, M.D., 33 Essex street, who will furnish further information.

Boston, Oct. 2, 1854.

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A SURGICAL CASE OF MAL-PRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case, recently tried in the Court of Common Pleas for Strafford Co., H. H., is of sufficient importance to the medical profession to have its history recorded. It has been before a jury twice, and resulted both times in a verdict against the attending physician. There were between sixty and seventy witnesses *pro* and *con*, and about fifteen days were occupied in the trial.

The case is *Leighton vs. Dr. Sargeant*. The plaintiff, while riding in an open wagon in the town of Strafford, was violently thrown out of his carriage, to some distance, and was severely injured. The right ankle-joint was dislocated, and a comminution of the tibia, with a fracture of the fibula, occurred. The injury is termed a compound dislocation of the ankle-joint, always a very grave injury, involving oftentimes the life of the injured. This took place on the 1st of September, 1850. As there was no physician, then, in Strafford, Drs. Grover and Sargeant of Barnstead were applied to. They came, dressed the ankle-joint, and both had the supervision of the patient, for some three or four weeks. After this, the care of the patient devolved upon Dr. Sargeant, for the space of one hundred and thirty-two days, in which time Dr. S. made sixty-two visits, living at a distance of some six miles. There can be no doubt that the injury was extremely severe, as all such injuries are. There was, of course, great constitutional derangement and a large tax upon the vital system, requiring all the power of nature to bear it up against the almost fatal consequences arising from compound dislocations of this character. Such, indeed, was the fact, as appears from the evidence in the case. The patient had feverish excitement, attended with cough, and had to resort to stimulation to withstand the prostrating effects of disease.

The ankle-joint was a long time in healing. For more than two years, at times some portions of the joint would inflame and suppurate, and spiculæ of bone issue from these ulcerations. Within a year the ankle has become healed, but stiff. The heel of the foot is raised some three inches, and the toes consequently drop; so that the plaintiff can walk with the aid of a cane. There has been a visible improvement in the external appearance of the foot. Absorption has taken place—muscular action improved, and more motion in the joint observed.

About the time this suit was commenced, Dr. Grover, the other surgeon in the case, died, leaving Dr. S. alone to fight the prejudices of the community and to bear the whole expense of a strongly-contested and protracted trial.

Dr. Sargeant, in the treatment of this dislocation, used three boxes, made with foot-pieces, capable of elevation. These foot-pieces were made of different angles—varying from two to three and half inches. The boxes were of home manufacture, and answered very well the purpose for which they were designed.

In course of the trial, no attempt was made to prove Dr. S. negligent or inattentive to his patient. On the contrary, it was acknowledged that he was assiduous in his visits and prompt to mitigate the pain and distress with which the plaintiff was often troubled. The plea set up by the prosecution was that the foot should have been kept at right angles with the leg; but that, instead of this, the defendant had let the toes drop from three to five inches, and the foot had become “fixed and in an immovable position,” and could never be remedied, except by amputation. It was also maintained, that there was complete anchylosis, and that the defendant had showed “great carelessness and want of skill” in putting a starch bandage upon the limb, thereby causing irritation to the skin, and a disagreeable fetor. The starch bandage was not, however, considered a very great misdemeanor on the part of the defendant, although it formed a large space in the writ. The great object was to make an impression on the jury, and perchance a successful one.

A number of witnesses were adduced by the plaintiff to show, that the position of the foot was the same as when first placed in the fracture box—that it had been measured in their presence after the defendant had given up his attendance of the ankle-joint, and the heel appeared as high now, and the toes as much dropt; that the surgeon’s attention was called to the position of the foot several times, while the patient was under his care, and he always remarked, with but one exception, that the position of the foot was right, that the toes should be dropped a little “to get the spring of the foot.”

For the prosecution only two physicians were summoned, viz., Drs. Perry of Exeter, and Hill of Dover. From the evidence of Dr. Perry we shall make a few extracts. He states, that “he believes he has had all kinds of dislocations of the ankle-joint (of which there are four), and that he has been successful in the treatment of all of them; that the natural position of the foot at rest is at right angles with the leg; that passive motion should be made in dislocations of the ankle-joint as early as the third week, to prevent the joint becoming stiff; that there was no difficulty in fixing the foot in any position desired, and maintaining it there—it could have been fastened to the foot-pieces of one of the boxes; that there was anchylosis of the joint, but he could not tell whether bony or ligamentous anchylosis.”

“The injury,” he said, “was a very severe one, and the breaking into the joint (as in the case of the plaintiff) makes the bad about it.” He knew of no reason why the foot could not be kept at right angles, and he never saw an instance where it could not be maintained in that

position. "Most of the cases, where the fracture is in the ankle-joint, are of doubtful cure. The wound in this case was healed up perfectly well—the only trouble was in not keeping the foot in the right position."

The defendant, in the maintenance of his case, proved that the right position of the foot was below a right angle, and the toes should drop about 1 inch, if complete ankylosis should obtain, with free motion in the knee-joint; that the defendant did make efforts to elevate the foot to nearly right angles, and when he left the treatment of the patient, the toes were less pointed than at the present time; that continued ulceration and suppuration about the joint would tend, from the powerful action of the *gastrocnemii* muscles, to contract the heel and consequently point the toes.

About twenty witnesses testified that they saw a book three fourths of an inch thick frequently behind the foot-board, which would bring the foot nearly at right angles with the leg. The plaintiff, however, endeavored to prove that, when the book was behind the foot-board, it must have been as late as November, 1850, instead of September or October, as the defence allege.

The defendant on the first trial had Drs. Samuel Parkman and H. J. Bigelow, of Boston, as witnesses: and on the last, Dr. Bigelow alone; with Drs. Martin, Low, Thomson, and Bickford, of Dover; Dr. Farrington, Jr., of Rochester; and Dr. Knight, of Franklin. We propose to give pretty fully the testimony of Dr. Bigelow, leaving out that which is not important to the case.

His testimony is as follows:—"Compound dislocations are very severe injuries, so that amputation is necessary in some instances; in others, surgeons attempt to save the limb, which often results in death. The best treatment cannot make a good limb. It often becomes stiff, and there is great difficulty in keeping the foot at right angles, when there is great pain and inflammation. If the knee is limber, the proper position of the foot in ankylosis is below a right angle. The toes should drop a little.

"In cases such as supposed (*viz.*, when there is a compound dislocation of the ankle-joint, together with comminution of the tibia, &c.), a result, such as the plaintiff's foot now shows, might most certainly occur under the best surgical treatment. I have had cases under my own care, where the result was as bad as this—from such injuries as I suppose this to have been, a compound fracture and dislocation, or even from a simple dislocation or fracture above the ankle-joint. Not unfrequently as bad a result as this, attends the best treatment. I had a case of simple fracture of the leg last winter, where there was a great lateral distortion, as bad as the plaintiff's. I never had a case where the toes pointed exactly like these. I have seen cases as bad or worse.

"I think there is a little motion in the ankle-joint of the plaintiff. There is stiffness there, but it does not indicate bony ankylosis. I have doubts about there being ankylosis there. The foot, unrestrained, while inflammation and ulceration were at work around the joint, would be likely to get worse. The weight of the foot and the large muscles of the leg would draw up the heel.

"I have had two cases like the plaintiff's, during the last winter, in the Massachusetts Hospital. In the first one the tibia was broken, the malleolus fractured into the joint, and the integuments ruptured, so as to make it a compound dislocation. In this case the ankle was pretty stiff when the patient left the Hospital. The other was an Irish woman. The internal malleolus was broken off. I cannot tell about the result of the case, whether stiff or not. In each of these cases, the foot was put into the position I always attempt to get, viz., as near a right angle as possible, if the pain and inflammation will permit.

"The proper treatment of a compound dislocation of the ankle-joint is, to examine the foot with reference to the injury; to see if any pieces of bone are loose, and try and extricate them; then place the foot in a proper position, and put it into a box or splint. Keep it so until pain or suppuration occur, then change it as circumstances require. Worry along with it. Do the best you can. Keep it still, if possible, provided it is right as to position. One tendency of the foot is to fall down. Keep it up, if you can, but sometimes the pain will be so great that you will have to let it down. After all one can do, the surgeon is glad to get off with any foot that will do to walk on. If you put the foot in the best position to-day, to-morrow it will get out of its proper position. You cannot fasten the foot, so that the patient will not draw the heel back from the foot-board, to ease the pain. If you place ten limbs in a common fracture-box, by the third day not one of them would be in place, because the bandages will slip and stretch.

"I could not denominate it improper treatment to fasten a foot to the foot-board of the first box (when it falls some three inches from a right angle), because the position is so comparatively a small and minor point. The stiff joint is something of three months hence. I should put the foot up; but if the inflammation were great, I should expect it to get out of its position in spite of me. It would not be proper treatment to place the foot at the angle of the first box for eight or ten weeks without making an attempt to elevate it. The position is a small matter in any case of compound dislocation of the ankle-joint, because the great question is to save the foot at all—to get such a joint as can bear the weight of a person in walking—to make the ankle sound.

"The efforts to save the joint are mostly those of nature. A surgeon may do much injury by interference. It is perfectly uncertain at what time passive motion may be used—not until the wound is healed up and the parts are all sound. Joints are almost all in a state of ankylosis when they come out of the fracture-box, and all passive motion before would be injurious; especially when inflammation exists. Perhaps six months would be required in some instances, before motion should be resorted to.

"If a cough afflicts the patient, and there is constitutional irritability and pain, it would be impossible to elevate the foot. It cannot be done."

The testimony of the other surgeons in this trial coincided with that of Dr. Bigelow in almost every particular, and it would be useless to publish it.

Judge Minot, the presiding justice, gave the law in this case as follows:—

1st. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by his profession generally.

2d. He engages to exercise that skill, with reasonable care and diligence.

3d. He engages to exercise his best judgment, but is not responsible for a mistake of judgment. Beyond this, the defendant is not responsible. The patient himself must be responsible for all else. If he desires the highest degree of skill and care, he must secure it himself.

5th. It is a rule of law that a medical practitioner never insures the result.

We have said before that this case has been twice tried. The first time Dr. Sargeant was fined \$1500 and costs; the second, a smaller sum, about \$525 and the cost of both trials, giving merely nominal damages to the plaintiff.

Among legal gentlemen at the Strafford bar, it was generally thought, before the jury retired to the jury-room that the defendant would not be fined. We think that there are very few medical men, who, on hearing the evidence upon both sides, would say upon their oaths that this was a case of mal-practice. Prejudice against medical men, and sympathy with the unfortunate, often do much to determine men to a course of action altogether wrong in fact and principle.

The case was set aside on the former trial by the Supreme Court, and is again transferred to that tribunal, under exceptions in some respects entirely new.

Before we leave this case, we wish to say a few words on the nature of this kind of injuries, viz., compound dislocations of the ankle-joint. All writers speak of them, as grave injuries, highly dangerous to the sufferer. A wound into the joint at any time causes much local inflammation, and a great deal of constitutional disturbance. So serious have these injuries been considered—so pernicious to life—that at the beginning of the present century amputation of the leg was generally recommended. Sir Astley Cooper, by the collection of a great mass of evidence, settled the line of practice, and the foot was more frequently saved; and when amputation was performed, it was below the ankle-joint. But even if the modern line of practice be adopted, the neglect to amputate will be often the cause of death. Sir A. Cooper says, "I think it may be laid down as a general rule, to amputate almost immediately if the patient be advanced in life, and also if the person be of an irritable habit of body." He relates an instance where death ensued in seven days in attempting to save the limb. Indeed amputation is demanded, when mortification of the foot follows, when the patient begins to sink from excessive suppuration, and extensive disease of the bone occurs.

Since the adoption of Chopart's operation, amputation has been freely recommended by some eminent modern writers upon this subject. Mr. Syme, a distinguished surgeon of Scotland, writes thus of these injuries: "The authority of Sir A. Cooper's experience encouraged attempts to save the limb in such cases, and in private practice both forms of injury are now frequently conducted to a successful issue, though in general

through a protracted process of recovery. But it must be admitted, that many lives have been lost, especially in hospitals, in trying to retain the limb. In the Royal Infirmary I find that of 13 patients who suffered compound dislocation of the ankle and were not subjected to amputation, only 2 recovered; and even in the event of recovery, the foot generally remains in such a state of stiffness, weakness, and sensibility to external impressions, as to be rather an incumbrance than a support to the patient. Now all this danger, tedious confinement, and permanent discomfort, might be obviated by amputating the foot in the first instance. So long as the only alternatives were attempting to save the limb, and amputation of the leg, there was a strong inducement to abstain from operating. But if the patient's safety and speedy recovery may be insured by taking away merely that part of the limb, which, at best, can hardly be of any value, and at the same time producing a stump in all respects preferable to a shattered, stiff, and irritable foot, I think there should be little hesitation in resorting to amputation at the ankle-joint, under the circumstances in question." Such, no doubt, will be the testimony of many a surgeon, who has frequently witnessed these aggravated injuries.

Now in case the medical man decides to save the limb, what is the best position in which to place the foot for healing? The answer naturally would be, in that position which will give the greatest comfort to the patient while in the process of reparation, and which will afford the greatest facility in locomotion. In regard to the position, writers upon compound dislocations are rather indefinite as to what they mean. Sir A. Cooper says, "Great care should be taken to keep the foot at right angles with the leg." Druitt remarks that care should be used not to let the foot be pointed; but under the head of *anchylosis* he says, that in case of bony ankylosis of the joint, "the foot should be at right angles to the leg." Ferguson directs the leg to be placed "in an appropriate position." Abernethy, a cotemporary of Sir A. Cooper, says "the limb should be placed in a position which is natural and easy, and in which it may be long preserved motionless." Miller, and a large majority of text-books and authors, do not refer to the position at all; or, if they do, they recommend rules which, if adopted, would render it impossible to keep the foot at right angles with the leg. There is, then, but one author who says anything of the subject directly, and he is not numbered among the best modern authorities* at this time upon surgical subjects. Druitt† indirectly refers to the subject, but not under the head of dislocations. Now what do these two authors mean by such language? We do not think they intend to be understood that the foot should be kept mathematically at right angles; for this is not the natural position of the foot, and to maintain it in that position would give pain and inflamma-

* Sir A. Cooper was one of the best authorities twenty-five years ago; but the practice of surgery has been improved since that time, and other authors have adapted themselves to the improvements of the day. His works are good for reference, in many particulars, but seldom recommended as text-books in any of our medical colleges.

† A singular circumstance occurred in the treatment of Leighton's case. Soon after the occurrence of the injury, the plaintiff wished Dr. S. to bring him some medical work on compound dislocations. He brought to him Druitt's *Principles of Surgery*, and the patient had it with him for some weeks. This was during the time Dr. S. was making every effort to keep up the foot.

tion by the undue tension of the gastrocnemii muscles. The angle of the foot at rest is an obtuse angle.

The proper position of the foot, then, if ankylosis is to be the result, is a little below a right angle. If man were a statue, not capable of mobility, then the foot should be placed at exact right angles. But it is not so. He has to move, and he needs every facility to assist him in walking. The ball of the foot is a fulcrum over which the weight of the body is to be thrown. An inclination of the toes, then, from a half inch to an inch, will best serve the individual in walking, and in putting on his pantaloons, boots, &c. Besides, if the right position of the foot is at right angles with the leg, we do not see the purpose of heels on shoes. These are placed there for some purpose; and for what? What is the reason that the foot-piece of every fracture-box and splint for the leg is made at an obtuse angle, if the natural position of the foot is at right angles?

Thus much as to the position of the foot. Can the position, best fitted for locomotion, be always attained? We think not. The testimony of all surgeons of merit is decided on this point. In the whole course of this trial there is only one physician, Dr. Perry, who states positively that it can. And yet it does not appear, from the testimony of this gentleman, that he ever had such a case as the one in question. Indeed, from the drift of his testimony, we are inclined to believe that the cases which have come under his observation were mostly simple dislocations. If they were not, then his experience is most happy in the treatment of these injuries, and we will venture to say different from that of a large majority of physicians or surgeons.

Soon after the close of the last trial, we addressed a letter to Dr. Valentine Mott, of New York city, upon his experience in compound dislocations of the ankle-joint. Dr. Mott ranks with the most distinguished surgeons of the world, and as such his experience and observations are entitled to the highest consideration. The following is his letter. Although short, it covers, we believe, the whole ground in controversy.

New York, Sept. 21, 1854.

DR. PRAY. Dear Sir,—All compound dislocations of the ankle-joint are very formidable accidents. I have seen and treated many of them.

I have amputated immediately and consecutively; had lock-jaw to supervene upon the attempt to save the limb, and prove fatal even when amputation was practised; seen the astragalus removed in three instances at the time of the injury, and once by necrosis; and all the patients did well with very fair use of the joint and foot.

It is very difficult, in some cases, to keep the foot at a right angle with the leg, owing to the restlessness of the patient, and the powerful action of the gastrocnemii muscles.

I may have the heel raised one or two inches after the patient gets about, and another may have a case with three inches.

No surgeon ought to be prosecuted and fined for such a result. The patient ought to be thankful that it is so favorable, and pay his surgeon for services, as the defect can readily be remedied by a high heel, or some mechanical contrivance.

No absolute rule can be laid down for the treatment of these injuries. Circumstances must govern the judgment of the surgeon in each case.

Very respectfully, V. MOTT.

The experience of Dr. Mott and Dr. Bigelow coincide; and what they state, is the experience of other surgeons, who have had the treatment of compound dislocations of the ankle-joint.

In all trials for mal-practice, it is highly unjust to place the case before a jury unacquainted with its merits. Our juries are selected from every avocation of life, and they are illy prepared to decide upon the merits or demerits of a surgical case. They can tell that something is wrong, and the most of them believe the surgeon is bound to have everything right and natural; no matter whether impossible or not. They cannot appreciate the various causes and constitutional disturbances likely to arise in almost every injury. All they can know is what they have learned by experience. Their impression too often is, that medical knowledge should be carried to such an extent as to cure all the ills flesh is heir to. Symptoms may arise, and results unavoidably occur, which in their very nature it is impossible to prevent, and yet the burden of proof is virtually thrown on the physician to show that they did not. The surgeon by the bed-side alone understands the cause of these symptoms and results. He alone can judge the nature of diseased action—the thousand difficulties which continually crowd the pathway of every medical man. Not unfrequently, if we look at the history of modern trials for mal-practice, gross ingratitude and injustice will be found exhibited towards the surgeon. He is made to suffer for deformities too often caused by carelessness of the patients themselves. If the surgeon is so unfortunate as to be a young man, then the blows come thick and fast. He is inexperienced, say too many, and therefore the fault is with him, notwithstanding he may have done as well as those in maturer years. Detractions are heaped upon his head for unskilfulness in that very thing which others could not have avoided, or have brought to a more successful issue.

Take, for instance, a single illustration of the incompetency of any but medical men to decide such cases as the one in discussion. One of the counsel for the plaintiff used such a phrase as this in describing how the foot was fastened to the foot-board, and the language was not explained through the whole course of the trial—"The foot was *lashed* down to the foot-board by the defendant, and there kept." Now the word *lash* denotes severity of action. Every physician knows, and so ought all honorable legal men, that it is impossible in severe injuries to lash the foot in any position. It cannot be done; and even if it could, the surgeon, guilty of such an action, has but little sympathy for his suffering patient, and deserves not the name of a man. Every physician knows, but not every juror, the foot is simply attached to the foot-piece to keep the foot in an upright position and from turning to either side. It is not *lashed*, but fastened in the easiest possible manner.

In all trials, also, for mal-practice, it seems to be the great forte of legal gentlemen to make an abusive tirade upon the medical profession at large. That is a poor cause whose merits, or rather demerits, have to be

concealed under a wholesale slander of any class of men. And that man who debases himself to such ignoble actions deserves, at least, that his conduct be passed over with contempt. Physicians are men, capable of the same feelings as other men, and deserve at least honorable treatment from *honorable* men. *Braying* and *sound argument* are two different kinds of action, and originate generally not from the same species of animals, and smartness should be applied to reasonable argument rather than to the former kind of action. A man may put on a lion's skin, but too often certain long appendages will peep out from under their concealment, and betray the wearer.

The medical profession, for learning and respectability, for industry and devotedness to their calling, will compare favorably with any profession. And as benefactors to the human race, and those willing to undergo self-sacrifice, they stand in the front ranks. We intend no invidious comparisons, but legal gentlemen must remember that there are blows to give as well as receive. It is an old adage, but true, that he who lives in a glass house should beware how he throws the first stone. We think it will be well for some to remember this.

In conclusion, we would simply remark, that there is a great want of surgical jurisprudence. We have a pretty extensive medical jurisprudence, but there is nothing that dwells fully upon the department of surgery. In all trials like this, the medical man seeks for aid in vain. He has nothing but what is found in our text-books, and these are not admissible before a court. I can see no reason why surgical injuries do not demand a more extended science of surgical jurisprudence. If prosecutions are to spring up, because surgeons cannot make a shattered limb as perfect as before, it may be the best thing to have no medical authorities for reference, as avoidance of all surgical responsibility may be all that is required.

T. J. W. PRAY.

Dover, N. H., October, 1854.

AMPUTATION OF THE THIGH.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I was formerly, for a considerable period, your subscriber, but for the last three years have followed other than medical pursuits. I have not, however, lost my interest in the profession, and am happy to communicate to you for insertion in the Journal, if you think it worthy, an account of an amputation of the thigh at which I was present, and in which operation I rendered some assistance.

The patient, Wm. Givens, of Marlborough, 16 years of age, had been suffering with scrofulous disease of the knee-joint, commencing with inflammation of the synovial membrane, eight years ago. This inflammation subsided, and the knee was comparatively useful till March, 1854. Soon after it ran into suppuration, with disorganization of the synovial membrane and the adjoining cartilages, laying the bones bare and implicating a portion of their substance in the general disease.

I found the patient on the 17th of August—the day of the operation

—in a state of great emaciation, with hectic fever, the knee enlarged to twice its ordinary size, a thin sanious matter exuding from it constantly; pulse 120; patient rapidly sinking. The consent of friends to the amputation had for many weeks been wanting.

The operation was performed with skill, and with great coolness and deliberation, by Dr. A. L. Hobart of Southborough, assisted by Dr. Carpenter of Upton, Dr. Putnam of Marlborough, Dr. Enos Hoyt of Framingham, and Dr. Hall (lately returned from Europe), accompanying Dr. Hoyt. Pure ether was administered, and the patient was completely under its influence in ten minutes, and evinced no signs of pain during the operation. The long catlin was passed from the centre of the inside of the right thigh, horizontally above the bone, the point coming out at the centre of the outside. The knife was then carried downward and forward, making a flap $2\frac{1}{2}$ inches long. The knife was then entered at the same point as at first, carried below the bone, brought out at precisely the same point as before, carried downward and backward, making a flap $3\frac{1}{2}$ inches long. The bone was cut at a point about the centre of the femur. The proper ligatures were applied; the flaps, which fitted exactly, were secured by sutures and straps of adhesive plaster, and the stump was dressed with spermaceti ointment and secured by appropriate bandages.

The thigh was off in 45 seconds from the commencement of the operation, and the ligatures were all placed in 15 minutes. The patient behaved well under the influence of the ether, and when aroused, exclaimed, "I've had a glorious dream, and nobody shall cut off my leg to-day." The wound healed by the first intention. The stitches were removed the 3d day, the last ligature came away the 16th day, and the stump was perfectly healed the 21st day after the operation. I have recently examined the stump. It is firm and sound, and is kept closely compressed that it may the better receive an artificial leg. The young man is in a healthy condition and full of flesh. He remarked "that he even now felt, occasionally, the purulent discharge dropping from the knee, and twinges of pain in the calf and toes of the limb amputated."

Yours truly, J. W. BROWN.

Framingham, October 24, 1854.

RUPTURE OF THE UTERUS.

BY FREDERICK ROBIE, M.D., WALDOBORO', ME.

[Communicated for the Boston Medical and Surgical Journal.]

I HAD occasion to-day to make a post-mortem examination. The previous history and the fatal issue of the case under consideration, exhibit one of the most deplorable accidents in obstetric practice. Although similar cases have been reported, mostly by English authorities, the history and circumstances of the case alluded to are of so interesting and singular a character, that with your permission I will make the medical profession acquainted with the material facts, through the pages of your Journal.

The subject of my remarks—Mrs. Benner, of Waldoboro', Me.—was a married lady aged 40, and has given birth to five children—her physical organization perfect and well developed. Twenty months ago she had arrived, as she undoubtedly correctly supposed, nearly at the full term of gestation. Immediately following a violent muscular effort, in a stooping position, while putting down a carpet, she was taken ill. That which was considered suitable aid was summoned to her relief; but the case not terminating favorably, as formerly, a physician of regular standing and experience was soon needed, and sent for. The symptoms, at the earlier crisis, were, violent motion of the child, which soon ceased altogether; collapse with cold extremities; accelerated pulse; frequent and excessive vomiting; acute pain in the epigastric region, with inability to move. The pains which now confined the patient to her bed, with such inability to move, were unlike the pains of travail; and this, with other circumstances, rendered it certain to the mind of the attending physician that labor had not commenced. Palliating means were resorted to, and every effort made to sustain the courage and spirits of the patient, with assurances that in due time everything would be well.

About the end of the third week, it became evident to the friends and physician that there might be cause for alarm. A thorough examination was therefore instituted; the inner parietes of the womb were examined, and it was clearly ascertained that there was a rupture of the womb, and that its entire contents had escaped into the cavity of the abdomen. Prof. McKeen, of Topsham, a physician of high attainments and deserved reputation, was sent for. He fully concurred in the above statement of diagnosis, but owing to the weak and almost lifeless condition of patient, that part of the Cæsarean operation which was necessary for the removal of the dead fœtus was not considered prudent, but as only tending to a more speedily fatal issue. Such means were resorted to as would tend to an outward suppuration, for the removal of the fœtus, by application of warm fomentations. This was not effected, and the patient has endured until the present time, without much medical treatment, except of a palliating nature. About six weeks after she took her bed, she passed, through the vagina, several bones of the upper and lower extremities of a fœtus, and a few, subsequently, in the same way.

My acquaintance with the patient commenced five weeks since. Some time previous to this, she had been able to ride several miles, for the purpose of visiting a friend, but has ever since been growing worse. There has been for the past five weeks, perhaps previously, a constant operation from the bowels, of offensive matter, very little of it being fæulent. The lower extremities have been œdematous, the swelling ascending the body, and affecting the whole surface. The abdomen has been very full, protruding with flatus, constantly emitting a loud gurgling sound, giving occasion to severe pain, followed by syncope and a desire to vomit. The pulse has been hurried and scarcely perceptible; the mind has been perfectly clear and strong. Such were the last general symptoms, when death, perhaps fortunately, closed the scene. During the past twenty months she has been visited by nearly all the physicians in this vicinity. These visits resulted in conflicting opinions, in regard to the cause and result.

To-day I was called upon to make the autopsy, assisted by Drs. Baxter of Warren, and Bliss of Waldoboro', physicians of long experience and deserved reputation. Externally—the parietes of the abdomen were much distended; an unusual fulness in the left side, with blue appearance of the cuticle; body not much emaciated. I made an incision from the ensiform cartilage to the symphysis pubis, and lateral incisions, displaying at once the contents of the abdomen. The stomach, peritoneum and intestines presented a blue appearance, and were overloaded with flatus. We carefully removed the stomach and small intestines, frequently meeting with unnatural adhesions. We also removed the large intestines, to a point or section in the sigmoid flexure of the colon, which we found closely adhering to the left side, and passed a ligature around the intestine a few inches above the adhesion. Thus everything was removed but the parts more directly implicated. From manipulations, and observing a small piece of bone protruding from a slightly-gangrenous section of the intestine, it was apparent that the bony remains of the fœtus were confined within the walls of the colon, near the ligature last described. From this point, below the ligature, there were many and strong bands of adhesion passing from the flexure to the left parietes of the abdomen, to a section lateral from the umbilicus towards the spine. In dividing these bands, we found that they held the intestine firmly to the inner walls of the abdomen, bringing the corresponding parts in a close proximity.

Further observation clearly demonstrated, that a section of a diameter of four and a half inches, by actual measurement, of the inner parietes of the abdomen, was in contiguity with the mucous membrane of the intestine, occupying the place of a section of the same size which had sloughed away, and thus serving as one of the sides of the intestine. This kept the fœces and contents of the bowel from passing into the cavity of the abdomen; for in separating the adhesions, the intestine proper was separated from one of its sides, for a space of several inches, till the continuity was made whole by the intestine itself. This portion of the intestine contained the cranium, chest, and most of the bones of the fœtus. As a guide in dissection, I passed a catheter through the vagina, which immediately made its appearance through the original rupture of the uterus made twenty months ago—which in the contracted uterus was about three quarters of an inch in length. The rupture was at the left upper angle of the uterus, near the origin of the left Fallopian tube. The uterus was of usual size, of healthy appearance, except around the margin of the rupture. A lateral displacement was observed, caused by unnatural adhesions. The left Fallopian tube seemed to be withered, either the result of the rupture or of subsequent decomposition.

All the parts in the neighborhood of the uterus gave sufficient evidence of a terrible accident. It seems apparent that there was originally a rupture of the uterus, probably caused by a violent muscular effort, in a stooping position, everything being favorable for such a result. The womb powerfully contracted, and forced the fœtus into the abdomen; through the same opening all the contents of the womb made their escape, for there never was any flowing. The remains of the fœtus,

which were not decomposed, lying in close juxtaposition to the colon, in process of time caused its ulceration, until the whole mass was received within its calibre; while nature, by a reparatory process, was forming suitable bands, sending them to the parietes of the abdomen, and then, by a singular method, restoring the continuity of the intestine. This may seem strange, but I think that there are a sufficient number of cases establishing the above statement. If not, I have all the parts which will sufficiently demonstrate it; to wit, a section of the intestine, with the mass of bones in situ, unmoved; also that portion of the integument of the abdomen which originally formed the contiguity, and made the intestine impervious only through the natural outlet. Nature finished this great undertaking; but owing to the mass of foreign matter which had obtruded itself into the bowels, there was an inseparable barrier to the proper and sufficient performance of the peristaltic action of the intestine, and thus the mass was obliged to lay, only permitting the more liquid parts of the excrementitious substance to pass through their natural passage. My opinion is, that ulceration *frequently* caused an opening from the intestine into the abdomen, and as often nature would close it up, for feculent matter has often sought a passage through the vagina. The large intestines were very much distended. The colon where the accumulation of bone lay, had become a sac, nearly as large as a quart bowl. We took from the sac, or intestine, plum stones, which must have lodged there months ago. There has been an unimpeded passage from the abdomen through the womb, which has never been closed. I was told by the deceased, that "barrels would not contain the amount of substance that had escaped through this outlet," much of it of the most offensive character. It seems probable, if the parts of the foetus which were found in the intestine had admitted of the same early decomposition as the soft parts, the deceased might have survived; or if the intestine had admitted of the passage of the bones, the same favorable result would have been effected.

Without casting any reflection upon those who had the early management of this case, it certainly teaches all physicians the importance of making an early and sufficient examination, as it is probable that an early operation, in such a case, might be attended with a favorable result.

We learn from the case, that the womb may be ruptured from a slight cause; and what seems wonderful, that a foreign substance, of great magnitude, can remain within the parietes of the abdomen, much larger than the natural calibre of the large intestine, and finally be received within its walls, without producing death. Certainly nature here, as everywhere else, speaks design and intelligence, in adapting itself to prolonged human existence. We learn, also, the *extent* of human endurance. In the most desperate cases, the skill and courage of the accoucheur should never flag; for with a good degree of caution, well-directed means, even of a heroic character, may bring about a favorable issue.

I have already detailed the principal facts in this case; and if I have made myself understood, I have answered the object of my communication.

The patient in this case was an individual of *superior* mental and phy-

sical endowments. Through a long and anxious confinement, suffering the most excruciating pains, she was never known to repine. While nature struggled, by a process of reparation, to restore the system to its wonted vigor, yielding its claim with a tenacity almost inconceivable, the mind remained unclouded throughout, and was strong and vigorous to the last moment. She made suitable preparations for her own autopsy, in order that, to use her own language expressed to me, "humanity might receive some advantage from the sacrifice and misery she had undergone."

Waldoboro', Me., Oct. 27th, 1854.

LOCAL ANÆSTHESIA IN AN OPERATION ON THE EYE.

BY GEORGE CRITCHETT, ESQ., F.R.C.S., SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL, &C.

As the following case is, I believe, the first example of the employment of Dr. Arnott's ingenious suggestion in operations upon the eye, and as it presents some other points of interest, I am anxious to bring it before the notice of the profession.

I was requested by my friend, Mr. Hovell, of Clapton, to meet him in consultation, together with my friend and colleague, Mr. Dixon, in the case of a gentleman, somewhat past the middle period of life, who had recently come up from the country to place himself under Mr. Hovell's care, on account of severe, painful, and protracted disease of the right globe. It appeared, from the history of the case, that the disease had commenced very insidiously about two years ago, attacking first the inner surface of the cornea, spreading to the iris, and then by degrees involving the choroid, retina and humors, producing secondary cataract, and entirely destroying vision. All these serious results took place without any acute symptoms, with very slight pain, and in spite of mercury and other active measures. Things remained in this condition for several months, without any obvious change, when suddenly, about six weeks previous to our seeing him, he was attacked with symptoms of acute inflammation of the globe, attended with intense pain of a paroxysmal and intermittent character, and radiating from its source along the branches of the fifth pair of nerves. Our patient described this pain as being almost unbearable when at its *acmé*, as resisting all ordinary means of relief, and as subsiding only to renew itself with increased force. On examining the globe, the vessels were found to be in a state of extreme congestion, the pupil was widely dilated, and a hard cataract could be seen thrust forward, pressing upon the iris, and nearly in contact with the cornea; the globe felt very hard, and was extremely tender to the touch. It was quite evident that these symptoms were due to tension of the globe, caused by abnormal accumulation of fluid within its dense, unyielding, fibrous case, pressing the hard lens against the nerves of the iris, and thus involving the entire fifth pair of nerves. It was one of those cases which, if unrelieved, must either exhaust the powers of the patient, or find vent in the giving way of the cornea and sclerotic, and the occurrence of staphyloma. Seeing, then, that the eye was lost, that

the lens was acting as a foreign body, that the globe was suffering from tension, and that no relief could be expected while this state of things lasted, the obvious suggestion that occurred to us was to make a section of the cornea, allow the lens and some of the vitreous humor to escape, and thus get rid of the cause of the suffering. There were, however, some serious and well-grounded objections to this proceeding; the highly inflamed state of the globe would render such an operation intensely and almost unbearably painful, and the lengthened period during which the eye had been diseased, the enlarged state of the bloodvessels, and the extreme spasm of the muscles, would almost inevitably cause the humors to be suddenly forced out, and the vessels to give way, distending the globe with blood, occasioning hæmorrhage to a serious extent, and probably rousing up the old pain with increased severity. It is true that some of these objections might have been obviated by the use of chloroform, but it was deemed quite inexpedient to have recourse to general anæsthesia, because our patient had recently suffered from hemiplegia. It was suggested that it would be more desirable to wait until the eye subsided into a quiet state; but as this would have necessitated inconvenient delay, and as there was a liability at any moment to a severe relapse, our patient, when the "pros" and "cons" were fairly laid before him, determined to have the operation performed without loss of time. It then occurred to me that it would be a favorable case for the employment of local anæsthesia, with the threefold object of destroying the sensibility of the part, constringing the vessels to prevent hæmorrhage, and diminishing the liability to subsequent inflammation. With this view some pounded ice was put into a bladder, mixed with salt, and placed over the right eye, temple, cheek, and brow, and kept there for about twenty minutes. At the end of that time, all sensation being lost, I made a rapid section of the cornea, which was immediately followed by the cataract and some portion of vitreous humor. Some slight hæmorrhage occurred, but slowly, and not to an extent beyond half an ounce. As sensation returned, our patient complained of extreme soreness and discomfort about the eye, and some of the old pains, taking the course of the fifth pair of nerves, came on. All this, however, speedily subsided, and we had the satisfaction of seeing him in a few days quite free from pain, the section of the cornea gradually approximating, and with every prospect of a speedy and complete recovery, without fear of a relapse, now that the cause of all the suffering was removed.

It seems to me that the application of cold fulfilled, in this case, all the indications that were desired, and from the slight hæmorrhage that occurred, and from my previous experience of somewhat similar cases, I am of opinion that if the operation had been performed without local anæsthesia, there would have been very severe pain at the time, extensive bleeding, consequent painful distension of the globe, and a tedious recovery.—*London Lancet.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 8, 1854.

Massachusetts Medical College.—A lecture, introductory to the regular course to be given in this institution the ensuing season, was delivered on Wednesday last, by Morrill Wyman, M.D., Professor of the Theory and Practice of Medicine in Harvard University. His theme was medical observation and medical reasoning, and was handled with masterly ability. As there can be no doubt that the class will solicit a copy for publication, we shall reserve a more extended notice of it until we are in receipt of a printed copy. The lecture was listened to by a large audience, among which were many members of the profession, besides gentlemen of distinction in other callings. There is an indication that the class will be larger this term than formerly, and we are gratified to learn that increased facilities are afforded the students for acquiring a thorough practical medical education.

Illustrated Hydropathic Review.—A more industrious publishing house is rarely found than that of Fowlers and Wells, of New York. They are absolutely indomitable in sending out works in a certain line, which embraces all the isms in medicine. How they became so much interested in the propagation of such strange doctrines as they send abroad, beautifully printed too, and cheap enough to ruin a common firm, is a mystery. Associated with them in some of their literary enterprises, are men of the rankest radicalism in the land. They believe only what they themselves write, but few besides consider their essays worth the trouble of reading. The *Hydropathic Review* is a remarkable specimen of this kind of literature. Smart, tart, and sometimes exceedingly agreeable, there are yet but a very few rays of pure light discernible in the series. But we learn that the work has actually expired under the hands of its nurses, and medical attendants, and it is pretty clear that their idea of what the sovereign people need, and the people's own views in regard to what they are willing to pay for, are widely different affairs. A mere novelty soon loses its charm. It would seem that the great mass of cracked-brain advocates for reforms are not reliable customers. They talk glibly before an assembly of demi-lunatics, but their patronage does not go far towards sustaining a periodical. The *Hydropathic Review* has had too much water for its milk. There was not intellectual nourishment enough in the four quarterly numbers to keep itself alive. Those articles which were wholly foreign to the avowed objects of the Review, were invariably the best. But it is now dead, although the editor intimates that it will hereafter appear "in a better shape." Whether it does or not, we cannot forbear expressing our unfeigned regret, that a man of the editor's acknowledged industry, perseverance and acquirements, should thus waste years of his life in a vain pursuit. He has been dragging a heavy car, freighted with useless trash, up an inclined plane. Yet with his talents and learning he might have made himself useful and acquired a station of distinction. A man of ardor may exhaust himself in attempting to keep the sun from shining, but he will be laughed at for his pains. He who is determined to maintain with stubborn tenacity that the wisdom of the medical faculty is worthless, and attempts to substitute water

for the whole *materia medica*, will find himself drowned in his own medicine at last. Readers get sick of water forever, in a periodical: it is a topic too limited for a quarterly; and hence the failure of the present enterprise.

Prosecutions for Mal-practice.—A reaction seems to be taking place in the public mind, in regard to the propriety and honesty of obliging a surgeon to pay a penalty whenever he fails to assist nature accomplish what it is desirable to have her do in the way of mending broken bones. On various occasions, this Journal has been obliged to record what was considered, by ourselves at least, as injustice in these cases, on the part of juries. Several excellent and skilful medical gentlemen in New England have been nearly if not quite ruined by vindictive suits. Repeatedly cases have been recorded, in which heavy damages were awarded by the higher courts, on the alleged failure of some surgical operation, till surgeons began to hesitate, when called to reduce a fracture; and some even went so far as to have a written agreement drawn up and executed, for self protection, so that if the cure was incomplete, they should be held harmless. Massachusetts, Vermont and Western New York, at one period were pre-eminent for the unsafe condition of surgeons. If there is any change for the better, we shall be thankful, and shall consider the community will be gainers when the courts have the patience to sift out the motive that ordinarily prompts to these unrighteous prosecutions, by unfortunate patients or their friends.

Last week, at a Session of the Supreme Court, at East Cambridge, Judge Dewey presiding, a termination was given to a singular case which has been sometime pending. Without going into particulars, the facts are substantially these. Dr. Bartlett, of Somerville, Mass., was prosecuted for mal-practice—the case being Bartlett vs. Emma Edgely. It was represented that the defendant did not reduce a fractured clavicle, as he ought to have done, and a partial loss of the right arm of the plaintiff, a miss of eight years, resulted. On two former occasions the matter has been in the courts. Damages were laid at \$10,000, but the jury swept away the cherished hope of those who pressed valiantly on for the great prize. The defendant came off victoriously, and the plaintiff remains, as at the beginning, without a shilling drawn from Dr. Bartlett's pocket. True it is that the defendant has been put to a heavy expense to defend his rights and character, but the triumph will have an influence that will be advantageous to the profession. It is whispered about in judicial circles that the testimony of the experts in surgery, who were called in, was contradictory to a more than usual degree. Some of them gave an unqualified opinion that the collar bone had never been broken. Others advanced other views; and on summing up the whole, it would have puzzled a Philadelphia lawyer to discover from it what had been the matter. Of course, this is mere talk, and those who indulge in it cannot probably comprehend, in its full extent, the value of medical testimony in such cases. Although doctors may disagree, it is nevertheless certain that no progress could be made in legal medicine without them—An interesting report of a trial for alleged mal-practice in New Hampshire, drawn up by Dr. Pray, will be found in to-day's Journal.

Medical Society of Pennsylvania.—The usual annual pamphlet, containing the transactions of this learned body, at the session in May, of the present year, has just been received. As on former occasions, it abounds

with reports of the several County Medical Associations for 1853. These, with the doings of the Society at the annual meeting, a catalogue of officers, &c., make up the contents. The treasury is rather bare, if the footing of the columns is correct. Jacob M. Gemmill, M.D., of Huntingdon County, is president. Several of the papers are important in character, and admirably prepared. Were it not for the pressure of other matters, we should take pleasure in particularizing some of them. A commendable industry, and a high sense of responsibility, are recognized throughout the transactions.

Middlesex South (Mass.) District Medical Society.—The semi-annual meeting of the Middlesex South District Medical Society was held at Waltham, on Wednesday, Nov. 1. An address was delivered by Joseph Reynolds, M.D., of Concord, on the "Duties of physicians as guardians of the public health." The address was a well-written and sensible production, and contained suggestions worthy the attention of the profession. Dr. S. Whitney, of Framingham, was chosen to read a dissertation at the next meeting, and Dr. Allston W. Whitney, of the same place, was chosen his substitute. At the close of the exercises, the Society, to the number of 28, dined together at the Central House.

The meeting was a very pleasant one, and more fully attended than on any previous occasion. It is well for physicians, living in the same vicinity, to meet together occasionally, if for no other purpose, to become acquainted with each other and enjoy a few hours of social intercourse. But more than this ought at least to be attempted. Something should be done at these meetings to advance the cause of medical science. The regular address is very well as far as it goes; but this alone is hardly sufficient. Every physician, in the course of a practice of six months, learns or ought to learn something, which will be of use to others. Cases of interest will have fallen under his notice; opportunities will have been afforded him of testing the worth or worthlessness of certain medicines or modes of treatment; or he may have made some discovery, which should be made public. Short papers, accurately drawn up, presenting the result of each member's experience in some particular department, would be of great value, and afford one means of adding life and interest to our meetings.

One subject we trust will be entirely ignored, unless forced upon our attention by inexorable fate; we mean quackery. The profession have wasted enough of their strength upon this already. It is of no use to be eternally complaining that quacks abound; that people will employ them; that homœopathy is spreading in a particular district, and that some of its professors will persist in retaining their connection with our medical societies. The only way to put down quackery is to raise the standard of medical education, and thus keep all quackery *outside* of the profession, where it will do no great harm. Towards accomplishing this result, the members of each district society, individually and collectively, should contribute their portion. *

Middlesex East (Mass.) District Medical Society.—At the annual meeting of the Middlesex East District Medical Society, held in Woburn on the 1st of November, the following were chosen officers for the year ensuing:

Drs. Trueman Rickard, *President*; J. D. Mansfield, *Vice President*; W. Ingalls, *Secretary*; B. Cutter, *Treasurer and Librarian*; W. Ingalls, *Au-*

ditor ; A. Chapin, W. F. Stephens, W. Ingalls (ex. of.), *Censors* ; T. Rickard (ex. of.), J. D. Mansfield, S. A. Toothaker, *Councillors*.

(Attest)

WILLIAM INGALLS, *Rec. Sec.*

Our Society meets every two months at the house of some one of the members. It is a medical improvement society. Papers are read ; topics for conversation and discussion are agreed upon at one meeting for the next ; the inner man is fortified by the liberal hospitality of mine host ; harmony and good feeling prevail ; and, in short, our Middlesex East District Society is a pleasant and profitable society to belong to, and is also a credit to its parent.

Another Medical Prize Question.—The New York Academy of Medicine, through the liberality of a few of its members, offers a prize of \$100 for the best essay on *The Nature and Treatment of Cholera Infantum*, to be presented during the ensuing year. The trial for the prize is not restricted to the fellows, but is open to the profession throughout the country.

Medical Miscellany.—The papers state that Dr. Atlee, of Philadelphia, has recently taken out an ovarian tumor, weighing 30 pounds and containing four gallons of albuminous fluid.—The yellow fever at Charleston, S. C. has about subsided, but it remains still in activity at New Orleans.—The oyster panic does not succeed in Philadelphia, the physicians there having shown that no danger from that source need be apprehended.—Mr. Borland, the foreign minister, whose diplomatic history is connected with the destruction of Greytown, is represented to have quietly returned to the practice of dentistry.—Cases of smallpox seem to be greatly on the increase in different parts of New Hampshire, Maine, and Vt., notwithstanding there is a sovereign antidote, vaccination.—Several new works are coming from the press forthwith.—Meigs on child-bed fever has just been published, and also Bernard's lectures on the blood, by Dr. Atlee, which is a good book.—Recent appearances of bronchial affections should remind practitioners of the necessity of close attention to first symptoms.—Dr. Abraham Gould, of Lynn, was severely injured on Saturday last, by being thrown from his chaise by a train of railroad cars, which came in collision with his vehicle, demolishing it, and instantly killing his horse.

TO CORRESPONDENTS.—Dr. Powell's remarks on the Duration of Human Life, and Dr. Griffin's case of Sanguineous Tumor of the Labia, have been received.

MARRIED.—Dr. Theodore Sterling, of Cleveland, Ohio, to Miss C. H. Higgins.—In Westerly, R. I., Jacob D. B. Stillman, M.D., of New York, to Miss Mary G. Wells.

DIED.—Dr. Erastus Beach, of Sandisfield, Mass., 77.—At Lyme, Conn., John Noyes, M.D.

Deaths in Boston for the week ending Saturday noon, Nov. 4th, 49. Males, 23—females, 26. Apoplexy, 1—inflammation of the brain, 1—consumption, 11—convulsions, 3—cholera, 2—croup, 2—cancer, 1—dysentery, 2—dropsy, 1—dropsy in the head, 1—drowned, 1—infantile diseases, 4—erysipelas, 1—typhus fever, 1—typhoid fever, 1—hooping cough, 1—disease of the heart, 2—disease of the kidneys, 1—inflammation of the lungs, 1—lockjaw, 1—disease of the liver, 1—marasmus, 1—old age, 1—premature birth, 1—smallpox, 1—teething, 2—thrush, 1—unknown, 1.

Under 5 years, 20—between 5 and 20 years, 2—between 20 and 40 years, 15—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 35—Ireland, 12—England, 1—British Provinces, 1.

Quinic Ether.—A discovery which has lately been made in Italy, and which has excited much attention, is illustrative of the results of perseverance and industry.

In the month of June, 1852, a young man, M. Louis Manetti, a student of the University of Pavia, happened to witness the death of a patient with congestive fever, who died apparently from the impossibility of introducing into the system, in a short time, a sufficient quantity of quinine. Manetti was struck with the idea that the principle of the bark might be effectually administered through the medium of pulmonary absorption. Encouraged by Professor Pignacca, Manetti began a series of investigations, the results of which are detailed in a letter from Prof. Pignacca to Dr. Stambio of Milan, a translation of which is found in the "*Annales de la Société Médicale de Grand.*"

Professor Pignacca has called the new agent for inhalation, *Quinic Ether*, probably for want of a better name, for it is not, properly speaking, an ether, and its positive chemical composition is not known. It is a liquid of a special inconstant odor, and is obtained by the distillation of quinate of lime (*quinate de chaux*) combined with alcohol; and is analogous to the etherial bodies in general, volatilizing like them.

Professor Pignacca states in his letter that he has administered this fluid by inhalation to eight patients; seven of them had tertian intermittent fever, the last neuralgia of the fifth pair. The neuralgia was of an intermittent type. The remedy acted admirably both in the cases of fever and in the case of neuralgia.

The quantity of the agent given is about a scruple at a time, repeated three or four times a day. It is administered in the same manner as chloroform, and it produces sensations somewhat similar.—*N. O. Medical News and Hospital Gaz.*

Influence of the Physician.—"How many thousand faces must have passed before the doctor's eyes; how many pitiable tales of woe must have been poured into his ears; what awful secrets must find a repository beneath that black satin waistcoat! We may lie to the lawyer, we may lie to the confessor, but to the doctor we cannot lie. The murder must out. The prodigal pressed for an account of his debts will keep one back; the penitent will hide some sin from his ghostly director; but from the doctor we can hide nothing, or we die. He is our greatest master here on earth. The successful tyrant crouches before him like a hound; the scornful beauty bows the knee; the stern worldly man clings desperately to him as the anchor that will hold him from drifting into the dark sea that hath no limits. The doctor knows not rank. The mutilated beggar in St. Celsus's accident ward may be a more interesting case to him than the sick duchess. He despises beauty—there may be a cancer in its bloom. He laughs at wealth; it may be rendered intolerable by disease. He values not youth; it may be ripe for the tomb, as hay for the sickle. He makes light of power; it cannot cure an ache, nor avert a twinge of gout. He only knows, acknowledges, values, respects two things—Life and Death."—*Household Words.*

Honesty not Unappreciated.—Let it be a consolation to the better men among us, that the honesty which confesses the power of medicine to be limited, and the skill which protects the patient from unnecessary interference, are not wasted on the thinking portion of mankind.—*Dayman's Address.*

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A DISCOVERY OF THE MEANS OF DETERMINING THE COMPARATIVE LENGTH OR DURATION OF HUMAN LIFE, AND OTHER IMPORTANT PHYSIOLOGICAL FACTS.

BY W. BYRD POWELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. COX, of Edinburgh, "suggests," says Mr. Combe (System of Phrenology), "that the size of the convolutions lying at the base of the brain may be estimated by their projection below a plane passing through the superciliary ridges and the occipital spine, and by observing the distance at which the opening of the ear, the mastoid process and other points of the base of the skull lie below that plane." With reference to this subject, Mr. Combe says "that individuals in whom the opening of the ear stands nearly on a level with the eye, are in general little prone to violence of temper."

This appears to be the sum and substance of the inference that has hitherto been drawn from the application of this plane; and it matters nothing whether it be true or false, so far as regards the law which I am about to deduce from it. As a question of fact, however, I will state that Mr. Combe's conclusion has not been sustained by my observations. He does not teach that those whose ear stands "nearly on a level with the eye, are" uniformly, but only "in general little prone to violence of temper." I do not admit a law or rule to have exceptions, and I will contend for none in the result which I have discovered the application of this plane to reveal.

In the spring of 1835, a case occurred in the Charity Hospital of New Orleans, which caused me to suspect that the function of the cerebellum was not exclusively the amatory propensity, and hence my attention was, in an especial manner, directed to its further investigation. In less than a year I discovered that the functions of sensation and motion also depended upon it. Indeed, I refer to it all of the animo-vital functions, except the respiratory.—*For further information on this subject, see Eclectic Practice, 1st Book, by Powell and Newton.* Henceforward I treated of the functions of the cerebellum under the cognomen of the animal forces. During the same time, or nearly so, I became convinced that the anterior inferior portions of the middle lobes of the cerebrum

presided over the organic or automatic functions, and I denominated them the vegetative forces; and the two classes together, I called the vital forces. I do not name these circumstances as matter of instruction, but for the purpose of making myself clearly understood in what I am about to teach.

Although, in the course of my physiological investigations, I discovered many important facts and principles in physiology and pathology, which may be found in the medical practice before cited, yet a leading object, the discovery of a certain indication of human longevity, was not attained before February last. I did not doubt that life, whether long or short, depended upon the vital forces, but the question was, what is the manner of their development in either case? This is my discovery, and it is so simple that no one need to make a mistake. But when the discovery was made, I found that I had previously discovered all of those relations, without a knowledge of which it would have been of but little value.

Extend a line, as suggested by Mr. Cox, from the external occipital protuberance to the most prominent part of the external orbital process of the os frontis, and the extent of the space that is found to obtain between the line and the meatus auditorius externus, will accurately indicate the comparative duration of life. From observation I would name an inch, at the meridian of life, to indicate an existence of 80, 90 or a 100 years, depending upon the density of the organization. The average, to the best of my observation, is about half an inch, which may be regarded as corresponding pretty accurately with the known average of human life, in this country, after deducting the mortality occasioned by mechanical and chemical causes. Under the latter I include medical mal-practice.

The first head I measured with a view to this discovery, was that of an old man who died of phthisis, and the space between the line and the meatus was but the sixteenth of an inch. The next one I selected was that of a man who had been executed, and the space was one inch and an eighth. In this way I ran through my cabinet of crania, consisting of several hundred, and found nothing but confirmation of the principle here set forth. I then commenced testing the law in society, and some of those who possessed a space of only a fourth of an inch have since died. * In fine, I have discovered no exception to the rule.

From what has been stated, it follows that a descending development of the cerebellum and of the middle lobes of the cerebrum secures a corresponding duration of life—power to resist the usual causes of disease, and when assailed, to re-act and recover. We can now understand what is really meant by the common phrase a good constitution, such as we have illustrated by our octogenarians, who may be of a full habit and in their usual enjoyment of the good things of the world, or they may be lean and shrivelled and satisfied with a crust of bread and a glass of water. I desire that it shall not be supposed that I assign both vigor and tenacity to the same cerebral convolutions; on the contrary, I regard the two functions as being independent of each other, and as depending upon separate convolutions, that of tenacity being the inferior.

When we contemplate the fact that the members, generally, of some

families, for a succession of generations, live to an advanced age, while those of others as generally die about 50, we must conclude that the length of life is determined by a special organization—as much so as a talent for music or painting. Physiologists have hitherto disposed of this subject by the simple statement that longevity is hereditary. In physiology this word has been, and still is, used as a cloak to cover an immense amount of ignorance. Many of those who attain a remarkable longevity never have the appearance of strength, and very rarely of good health; whilst many of those who die young appeared to have possessed every advantage.

The discovery of this organization explains why some forms of disease are almost, if not entirely, incurable—phthisis, for example, which absolutely originates in a superficial, if not, in all respects, a feeble endowment of the vital forces. In the work before cited, I have explained the folly of contending that phthisis or any other form of disease is hereditary—transmitted in some mysterious way through the blood.—(Simons.) All forms of disease, like our talents and dispositions, are provided for by a special organization. This conclusion I hold to be demonstrable. And all forms of disease are as certainly fatal when the vital forces have become exhausted.

I have been frequently asked—do the vital forces decrease in old age? I answer affirmatively, more especially the animal; and I know of but one that does not, and it is the respiratory. During many years, I was unable to assign any reason why consumptives, the phthisically constituted and old people, should have the medulla oblongata larger than is common to other people. The fact, to the extent of my reading, has not been noticed by any one else. As the forces auxiliary to respiration decline, that upon which it directly depends increases. I refer the inquisitive to the foramen magnum of the crania of those above designated.

The revelation made by the indicated measurement is not only useful, but highly interesting; but the whole beauty and importance of the discovery is not yet told. It involves conditions which are indispensable to be known by those who would wisely direct hygiene or administer for the removal of disease. Are physiologists able to give a lucid and demonstrable reason why the same topographical position gives health to one man and intermittent fever to a second, or health to the latter and remittent fever to the former? Why the same exciting cause developes phthisis in one, chronic rheumatism in a second, and the acute in a third? Why one man dies of active apoplexy, another of the passive, and a third endures through a long life, though the subject of epilepsy? The legitimate answer is, comparatively, that they cannot; for if they could, they would be able to distinguish the subjects, respectively, at sight; and yet this certainly very desirable knowledge can be had through an acquaintance with the development and dynamics of the vital forces.

Dr. Marshall Hall, in his *Zoonomia*, divides mankind into two classes—those of high and those of low stimulus; or which he holds to be equivalent, low and high dynamis. The former comprises those who require a large supply of the vital stimuli, and the latter those who, like cold-blooded animals, require, comparatively, but little. Dr. Johnson

and Gen. Scott may illustrate the first class, and Lord Brougham and Gen. Jackson the second.

Now, it is true that a majority of both of these classes die before reaching their maturity, and it is equally true that many of both of them live 80 or more years. Is it proper to regard a person as possessing a highly dynamic organization, who cannot live to maturity? I daily see persons who are of low stimulus, and yet give no evidence of having anything above a low dynamis—such as must be attended by an early death. Dr. Marshall Hall had no means of distinguishing those who must necessarily die early in life, from those who, without chemical or mechanical violence, must as necessarily live four score years. I do not therefore hold that those who are of low stimulus, are, as a consequence, of high dynamis. Both, indeed, according to my understanding of the terms, may be either high or low in both classes of persons. The man of high stimulus, who lives 80 years, furnishes proof of having possessed an organization of high dynamic ability.

Before I made this discovery I distinguished the two classes by the terms high and low, or strong and feeble vital force. But now I know these terms to be as faulty or exceptionable as Dr. Hall's high and low dynamis. Even during the time I used them, I was frequently perplexed by the discovery, that many of those who were apparently of high vital force died before the meridian of life, while as many of those who possessed apparently, indeed, in reality, a low or feeble vital force—feeble in all their appearances—lived to be old. I had not discovered that those vital powers which produce vigorous manifestations of life, did not occasion tenacity of life. Vital tenacity, so far as regards our conceptions of life, differs widely from vital force or vigor. A toad or snake may be completely frozen for any length of time, and then be re-animated by the vital stimulus of heat. We may take this as an illustration of vital tenacity. The use which Marshall Hall makes of the word, proves that he possessed no clear conception of the subject. I confess that I did not, previous to the present discovery. I adopt his terms of high and low stimulus, because they clearly designate two distinct classes of men, without qualification; and discard his low and high dynamis, as being their equivalents, and also my own terms of high and low vital force, because they do embrace the idea of vital tenacity, which may or may not be associated with both high and low stimulus, or high and low vital force.

Now to the point. What is the difference between those, organically, who possess exclusively and respectively vigorous life, and tenacious life—the former being of high stimulus and the latter of low? The former has the cerebellum and the middle lobes of the cerebrum broadly, while the latter has them deeply developed. Their breadth is obvious at sight, and their depth can easily be ascertained by the application of a line or thread, as before taught, but this is not necessary to the practised eye. Those of high stimulus possess a full habit of body, and usually look remarkably healthy; while those of low stimulus are lean and slender, with other indications of possessing less life. As before remarked, the above-named cerebral parts may be developed both broadly and

deeply, indicating both vigor and tenacity of life ; or they may be constructed both narrowly and superficially, indicating neither vigor nor tenacity of life.

I have before remarked that phthisis originates in a feeble condition of the vital forces ; hence its invasion is sometimes procrastinated until these forces are exhausted by age. The crania of old people who died of phthisis, exhibit a less depth of development of the vital organs, than do the crania of those who died during early manhood of the same malady ; and amongst these I have not found one in whom the space between the line and meatus exceeded the fourth of an inch. This statement is applicable to the crania of all persons who die of chronic forms of disease. And as strange as it may at first appear, the same remark applies to the crania of suicides. The fourth of an inch is the largest space found in my suicidal crania—in one, who was a large man and of high stimulus, it is only the sixteenth of an inch. It would seem, therefore, that suicide is but a result of a chronic wasting or absorption of the organs of the vital powers—rendering them too feeble to make life desirable under a morbid action of the superior faculties. It is not to be inferred, from these remarks, that any organization from such a remote cause might become suicidal. For such an event there must be other particular organic endowments.

As a general fact, the animal forces are stronger in man than the vegetative, while the contrary is true of women. But those in whom the two classes of powers are thoroughly developed and well balanced, are the most qualified to endure fatigue, loss of rest and heavy responsibilities. As illustrations of this organic condition, I may name Gen. Washington, Gen. Scott and Napoleon. An inspection of the portraits and busts of these individuals can scarcely leave room for a doubt as to the truth of these remarks.

I am acquainted with several octogenarians whose vital depth is three fourths of an inch ; but I have not had observation enough to enable me to say how much it must decrease before dissolution can take place. I have the crania of no very old men that give a higher measure than the fourth of an inch. These facts, though too few to justify an inference, would seem to authorize the conclusion that octogenarians, with three fourths of an inch, may attain 100 years.

I have, before closing, a few remarks of a practical character to make.

We can always judge of the present capacity for vigor and tenacity of life, but we cannot, with certainty, say what it will be a year hence. We may decide, with considerable probability, by knowing the habits of the individual. Allow me to illustrate the idea I desire to convey. A young merchant to-day gives a depth of vital organization of half an inch. The inference is, if he be of high stimulus, that he is not exempt from a liability to be taken off at any moment by an acute form of disease ; and if of low stimulus, his health may be invaded by some chronic form of disease that will abridge his usefulness and his life. But early in the course of his business, and very unexpectedly, his responsibilities become such as to demand of, and force him to extraordinary exertions. Under such circumstances, the organs of his vital forces acquire a depth

of five or six eighths of an inch, in twelve or eighteen months, and thus an organization which was only calculated to sustain a brief existence, is now becoming adapted to a greatly-lengthened one.

This is not speculation—I have a proof of its truth in my own case. In the spring of 1835, I visited New Orleans, and in two or three months I had a cast taken of my head. I was then 36 years old. It shows the depth of the vital organs to have been three fourths of an inch. At this time it is one inch, with a corresponding increase laterally, and probably has been something greater than it now is. Upon going to the South, the usual tenor of my course was completely changed and augmented. I have another case in which there has been a very obvious increase in eight months; and if a change of stimuli and the practice of extraordinary exertions can effect such a change, then in this case it might have been anticipated.

It is well known that action occasions waste which must be replaced or repaired, and thus both classes of the vital forces are brought into action; but, for action to be attended with such a change, it must be under the influence of mental excitement. A man may plough or build stone walls all his time, and not occasion as much action—as much waste—as an ambitious man will, under a heavy responsibility, in an hour. Furthermore, I doubt whether muscular labor, in which but little thought or feeling is involved, can do much more than increase the vital strength or vigor. For the increase of vital tenacity there must be strong emotion—mental struggle—a feeling of necessity for unusual effort.

From this exposition it follows that a young man of feeble vital tenacity, with a fortune, will not, very probably, live long to enjoy it; but if poor and ambitious, he may live to make one.

Finally. Necessity is indispensable to the retention or the development of vital tenacity. Children, therefore, whose parents are too poor to find time to anticipate all their wants or to hire some one to do it for them, are highly favored when compared with those of the wealthy. When vital tenacity is inherited, indolence will reduce it; hence action and responsibility are indispensable to great longevity.

Covington, Ky., November, 1854.

SANGUINEOUS TUMOR OF THE LABIA.

[Communicated for the Boston Medical and Surgical Journal.]

BELIEVING it the duty of medical men to report unfavorable as well as favorable results, the following notes of a rare case that recently came under my observation are forwarded for publication in the Journal.

On Monday, October 15, at 4 o'clock, A.M., I was called to see Mrs. A., in labor with her tenth child, having had three abortions since the birth of the youngest, now 7 years old. Patient 48 years of age, bilious temperament and generally healthy. Not so well through this pregnancy as usual, having suffered considerably from varicose veins and cedema of the legs. Said she usually had "quick times and got along without a doctor." "Waters broke last Wednesday, since which she

had been sick, but kept about." Severe labor pains came on last night at dark. I found her lying on her back, unable to move, having frequent insufficient pains, and greatly prostrated; cold skin, no pulse at the wrist, and but very feeble pulsations at the carotids. Said that she flowed a good deal last night; that "something dead was half born in the night, which stopped the flow, and which she thought ought to be removed." Upon examination I found the left labium enormously distended, forming a roundish tumor much larger than a child's head, at least six inches in diameter, of a somewhat hard and mottled appearance, and insensible to the touch. The labium was everted, so that the tumor appeared to be covered externally by mucous membrane. On pressing it aside an examination was made, and the child's head found presenting, but kept back by the tumor, which extended considerably within the pelvis. Dr. I. I. Smith, of Chepachet, was immediately called in consultation. Seeing the patient's strength rapidly failing, the pains growing less efficient, and no signs of life in the child, we concluded to open the head and deliver at once. Pressing the tumor as much to one side as I could, Dr. S. proceeded to operate. The head was cautiously and with difficulty opened, and the child (very large, weighing 12 pounds) soon taken away. During the passage of the child's hips through the os externum, the head and shoulders having previously passed through, the tumor burst, leaving a rent two inches long on its internal surface, and discharging at least sixty ounces of dark fluid blood. The placenta was immediately removed, the uterus contracted well with but little hemorrhage, and there was but little bleeding from the tumor after it burst. Perfect rest was enjoined and stimulants given freely. Delivery was effected at 6 o'clock, two hours after I first saw the patient. She complained of but little pain, saying she felt "numb." Under the free use of brandy and ammonia, slight re-action came on in the afternoon and evening, but mortification speedily ensued, and the patient died the third day after delivery.

Queries.—What vessel was the origin of this vast amount of extravasated blood? How frequently does this accident occur? What is the most successful course of treatment? S. O. GRIFFIN, M.D.

Pascoug, R. I., Nov. 4, 1854.

PERFORATION OF THE STOMACH—AUTOPSY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I transmit the following report of a case, hoping you may find it of sufficient interest for insertion in your valuable Journal.

Martin McPherson, of Levant, aged 46, had suffered from pains in the stomach and indigestion, for several years, but had been able to pursue his ordinary occupation, until the afternoon of Sept. 28th, when, after taking a hearty meal, he was suddenly attacked with pain in the abdomen, which continued to increase until 10 o'clock in the evening. I was then called to visit him. I found him suffering severely, with pain

throughout the entire abdomen, which was hard and tender on pressure. There was occasionally nausea and vomiting. Pulse 126. No stools since the attack, although a cathartic had been administered.

Sinapisms were applied to the abdomen, and these afterwards replaced by blisters; and as everything taken into the stomach caused an increase of pain and vomiting, large doses of morphia, combined with calomel, were given, until the vomiting had subsided and the pain diminished; after which he slept some during the night. Next morning a cathartic was administered, aided by enemata, which were repeated in large quantities. Some fecal matter was discharged with the enemata, but no evidence of anything taken by the mouth throughout the case.

The pain, nausea and occasional vomiting returned, and continued with increased violence, until Oct. 1st, when he expired. Neither bleeding, blisters, nor, in fact, any other remedies, except opiates, had any effect in relieving his extreme suffering.

Autopsy, twenty hours after death.—On opening the abdomen, there was found, in its cavity, about three pints of a yellowish turbid fluid, similar to what had been vomited. The peritoneum showed signs of inflammation, throughout its entire extent. On examining the stomach, there was found to have been ulceration of its mucous surface, which appeared to have been of a chronic nature, extending from about the middle of the greater curvature of the stomach, to the pylorus, and in breadth nearly one third of the circumference of the organ. About three inches from the pyloric orifice, and somewhat anteriorly, at the bottom of an excavated ulcer, was a perforation of the stomach, of five lines in extent, where the fluid found in the abdominal cavity had made its escape. The ileum, for some thirty inches, was contracted and filled with fecal matter. The cæcum was also filled with fecal matter, among which were imbedded several large plum stones, said to have been of the green gage variety, and swallowed several days previous to his attack. The mucous membrane of the intestines was in a healthy condition. The liver was somewhat engorged, and the gall-bladder contained about two ounces of dark-colored bile. All the other abdominal organs were healthy, so far as observed.

A. WATERHOUSE, M.D.

Exeter, Me., Nov. 4th, 1854.

OBSERVATIONS ON EPILEPSY.

[Continued from page 260.]

It has already been shown that *bleeding* for epilepsy, and all other *nervous* diseases, is injurious. It has also been stated that *cathartics* (except in some few particular cases) are deleterious. For the instruction, if not for the amusement, of the reader of these "observations," I will now transcribe a few, out of a handful of *recipes*, which one patient brought me to show *what* he had taken. It may be added, these "recipes" were written by a medical gentleman of eminence, and who was for many years at the head of one of the hospitals of this Commonwealth; but the patient was never conscious of receiving the least benefit

or the slightest amelioration of the disease, from the use of any of them. The first one, it will be seen, contains the *nitrate of silver*; a medicine very often prescribed, in this disease, and recommended in "the books," but which I have never known to be of the least service; and it often gives the skin a peculiar *hue*, neither that of the Indian nor Negro, but more uncomely than the former, and as indelible as the stain of the "Ethiopian," or the "mark of Cain." This gentleman had this mark fully set upon him. Here are the "recipes."—R. Nit. argent., ʒ ss.; ext. stramonii, ʒj.; nux vomica, ʒ ss. Make into 50 pills with crum of bread. Dose, one every night and morning.—R. Strychnia, grs. xij. Vinegar, ʒ ij. M. Dose, ten drops three times a-day, in sugar and water.—R. Wild cherry and prickly-ash bark, āā ʒ viij. Put it into a gallon of soft water; boil till two thirds are evaporated; add two pounds of brown sugar. Dose, a wineglassful before each meal.—R. Chloric ether, ʒ ij.; spts. camphora, ʒ ij.; spts. nit. dulc., ʒ ij.; M. Dose, a teaspoonful three times a-day in water.—R. Oxide of silver, ʒj.; ext. conium, ʒij.; colocynth, ʒj. M. Ft. pil. no. 60. Dose, one ter diem. If the *silver* must be employed, for fashion's sake, this preparation is much preferable to the *nitrate*, as it is not so apt to *tinge* the skin.—R. Tinct. nux vomica, ʒ iv.; tinct. stramonii, ʒ jss.; chloric ether, ʒ ijss. M. Dose, a teaspoonful three times a-day.—R. Fowler's solution, ʒ ss.; chloric ether, ʒ ij. M. Dose, fifty drops at bed time, in water. This, so far as the *tonic* property is concerned, might do very well; but some recent examinations abroad, into the *ultimate* results of the long-continued use of arsenic, have shown that it is not a very *safe* remedy.—R. Ext. nux vomica, ʒij.; ext. stram., ʒ ss.; oxide silver, ʒj.; crum of bread, q. s. Pil. no. 60. Dose, one ter diem.—R. Tr. nux vomica, ʒ iij.; spts. laven. comp., ʒij. M. Dose, twenty-five drops three times a-day in sugar and water. Increase to thirty drops.

These were *bona fide* recipes, brought by a patient, with others, as mentioned above; but it is presumed this sample is sufficient for the convenience of any, who, when they know not *what* to do, may be disposed to do, they know not *what*; because it is a maxim that every doctor *must do something*.

I have kept a record of all the cases of epilepsy which I have treated, and have carefully noted the cause of the disease (so far as it could be ascertained), with the treatment and its result both before and after the patient came to me. By this careful examination of each case, I have endeavored to arrive at some conclusions which might be of service in others.

There is one curious circumstance connected with the treatment of epilepsy. It is the effect of the *mind* on the disease. This effect is often so great as not to be mistaken or denied. If the patient *believes* that he is to be put upon a course of treatment, under which he will recover, his fits will diminish in number. I have witnessed this in many cases; and I believe whatever the remedies prescribed may be, provided they are not absolutely injurious, if the patient thinks he shall be cured, his number of fits will diminish. I have seen this in so many cases,

where ultimate recovery did not take place, that I cannot doubt the fact. Under a new remedy, or a new doctor, especially if he have a reputation for having cured the disease, the patient will improve. It is upon this principle that the *Romish priests* cure epilepsy. An Irish girl, once living in my family, said of an epileptic, "why don't he go to the priest?" Upon being asked if the priest could cure such persons, she answered, "O law, yes, they always cure them." It was the same principle which once gave such a reputation to the *mistletoe* for curing this disease, and to charms and spells, and to taking *powdered skulls*, and to an hundred other enchantments. The sick always love and seek *mystery*. All this shows how much the body is affected by the mind. Make one half the epileptics believe that they *cannot* have fits, how much soever they may try, and it will operate powerfully against their having them. Hence the philosophy of mind, as well as body, needs to be studied by the physician.

In all those cases where the fits continue (and they are numerous), after the original cause has been removed, or ceased to act, this powerful effect upon the mind is all that will be necessary to stop them. In cases where the following symptoms prevail, I look upon the patient as incurable: when he is sad, dumpish, silent; in a word, when he has lost all energy and courage. I have never known a patient of this description recover. The better the spirits, the greater is the hope of recovery. There is one peculiarity found in almost all epileptic patients, to which I will refer in this place. It is an unusual prominence or fullness and roundness of the eyes. They appear very round and project from their sockets, like the eyes of a rabbit. I have supposed this not to be original in these cases, but caused by the repeated attacks, and, probably, augmented by each new accession of the convulsion, when the brain, of course, becomes congested.

I have generally found those cases the most difficult to remedy in which *the attacks are uniformly in the night*. Such has been the fact; but the philosophy of it, I leave to abler hands. Those cases, too, in which there are frequent *spasms* between the convulsions, are more difficult of cure than those in which the fits occur regularly at certain periods without the spasms.

In attempting to benefit an epileptic, several indications are to be fulfilled.

In the first place, an absolute control must be maintained over the *diet*. I have no doubt that the case related by Dr. Alcott, in the fifty-first volume, page 39, of the *Boston Medical and Surgical Journal*, was effected as there stated; and the reason that more cures are not performed in the same manner is, that neither physicians, patients, nor their friends, will pursue that course, as it respects *diet*, which it is absolutely necessary to pursue. I lay it down, then, as an absolute law, as fixed as "the laws of the Medes and Persians," or as any part of Napoleon's dynasty, that the patient must comply with the prescription of the physician, as it respects *diet*.

From what has been said of the nature of this disease—that its original cause is in the blood—it will be readily seen that it is of the utmost

importance *what* and *how much* food is taken ; for all physicians know that the whole constitution—the whole mass of the fluids and solids of the body—may be changed by diet. This is the first rule, then—Mind the *diet*.

2d. The second is, *govern the mind*. Unless this is done, but little benefit can be expected from medical treatment. The disease is often induced, at first, by the mind. I mean, this is the *exciting* cause. If the patient will get excited, will not govern the mind, control the passions, and be quiet, let him go. You cannot cure him or her ; and here, again, is the cause of failure in many cases.

3d. The *third* is, never let the patient rust out for want of some useful occupation, and never allow him to become greatly *fatigued in body*. If he does, he will certainly have a fit, all medicines to the contrary notwithstanding.

4th. The *fourth* rule is, *make* him abandon every *exciting* cause of the disease, such as spirit, tobacco, excess in sexual pleasure, &c.

5th. The *fifth* and last one is, give such medicines as are indicated by the nature of the disease and the state of the patient.

From what has been said of the *nature* of this disease, as the *original* cause, and from the various *exciting* causes, it will be readily perceived that the medical treatment must be *tonic*, *alterative*, and *quieting to the nervous system*. Now, every physician knows, or ought to know, *what* these medicines are, and *how* to use them.

Here is my mode of treating epilepsy. I have never made any secret of it, but have always consulted freely and openly, and without any reserve, with every physician who has brought me a patient, or asked for a consultation. I have never *promised a cure in any case*. I have generally seen and examined my patients, but not always. An interview is always desirable, though I have prescribed for a patient afflicted with epilepsy, and with success, without seeing him.

ON EARLY LIVE BIRTH, WITH CASE.

DR. KEILLER exhibited to the Edinburgh Obstetrical Society, a premature foetus which was born alive in the fourth month, and made some remarks on the *medico-legal* relations and importance of such a case. The following are the particulars of the case as noted at the time of its occurrence :—

On the 17th June Dr. Keiller was called to Mrs. R., who was about to abort. She had miscarried about a year previously (20th July), when seven months pregnant, and now considered herself only in the fourth month, having last menstruated on the 8th February, and quickened about a week ago (8th June). The pains were evidently expulsive, and on examination the distended membranes were felt protruding into the vagina. Dr. K. shortly afterwards ruptured them, when the liquor amnii was forcibly and fully expelled, a foot immediately presenting itself by which the extraction of the foetus was speedily accomplished. The heart and vessels of the cord were beating vigorously, which induced Dr.

K. to allow the foetal circulation through the still attached placenta to continue for some time in order to observe the reflex movements of the limbs, face and respiratory muscles which thereafter took place. At first these muscular reflex contractions were very marked. On touching the feet and hands, the limbs were immediately drawn up and moved about. On blowing on the face the lower part of it was tremulously moved, and the mouth at each time opened; and three or four times an attempt to respire or gasp, accompanied by an apparently respiratory movement of the chest or thoracic convulsion, took place. The pulsations of the carotid arteries were also at first very distinctly observed. The umbilical pulsations gradually diminished in force and frequency, and when reduced to about 90 beats in the minute Dr. K. cut the cord and allowed about a drachm of blood to ooze from its foetal extremity. The heart's action immediately became quicker, and one or two thoracic convulsions afterwards followed. The mouth gaped repeatedly on blowing air on the features, the limbs gradually lost their reflex actions, and the heart's action, as seen against the thin walls of the chest, became more and more feeble; subsequently a few seconds elapsed between every observed pulsation, but more or less distinct movements occurred for nearly an hour from the time the foetus was first expelled. On being weighed the foetus was found to be exactly $9\frac{1}{2}$ oz., in length it measured 8 inches, the placenta with attached cord weighing about 6 oz. The eyelids were adherent, the nose and ears closed, the mouth, however, being open; the membrana pupillaris was entire; on opening the chest the situation and appearance of the lungs and other organs were characteristic of its apparent age. The lungs in color and volume resembled those of an early foetus, and with the exception of one or two ecchymosed spots no color or other evidence of developed air-cells were noticed, all the appearances indicating that no air whatever had ever reached the tissue of the lungs. The brain was afterwards minutely examined, and also found to be characteristic of the apparent age, as were also the other foetal organs.

Dr. Keiller referred to the importance of such cases of early live birth, in regard to civil jurisprudence, but more especially to the questions, *Possessio Frutris*, *Tenancy by Courtesy*, &c., to which the case he had now reported was in several respects related. It was frequently a matter of considerable importance to determine even the momentary existence of children at birth, and therefore the subject of *live birth*, and the evidence by which its occurrence is held to be substantiated, occasionally become of extreme consequence in a legal point of view, more especially in cases of contested lawsuits relative to the inheritance of, or succession to, property. Dr. Keiller directed the attention of the Society to the decisions that had from time to time been given respecting *what constituted live birth*, and referred to the more recent cases in civil jurisprudence in which the question of live birth was held to be established without any evidence of what was formerly demanded, *respiration or crying*. The mere muscular movements of the limbs, or the features, independent of any signs of respiration (as alone happened in the preceding case) having been ruled as sufficient evidence of a child being

born alive, is therefore now held to be ample enough *proof* of what is termed in such investigations "live birth."—*Edinburgh Monthly Journal of Medical Science*.

FOREIGN BODY IN THE ŒSOPHAGUS—OPERATION—RECOVERY.

BY P. D. ANTHONIESZ.

SINGHO NAIDE, a native of Colombo, aged 40, a fisherman by occupation, was taken into the Pettah Hospital on the evening of the 12th of August, 1853, a fish, which he held between his teeth while baiting a hook, having slipped back into, and remained impacted in, the Œsophagus. On examining the neck, it appeared swollen, with a feeling as if there were fluid in the cellular tissue about the muscles of the neck. In the fauces the tail of the fish was felt, and could be seen distinctly on depressing the tongue. The tail was inclined towards the left side of the throat, showing the direction the fish had taken in its course down the Œsophagus. Careful examination externally failed in discovering the situation of the fish, and it was found impracticable to withdraw it from the throat for reasons which will appear obvious when the fish is described. An incision was made between the anterior edge of the sterno-mastoid muscle and the trachea, commencing at the lower edge of the os hyoides, and extending down to the sternum. After a most diligent search, both by myself and my friends, nothing was discovered to indicate the spot where the gullet should be divided. The next step of the operation was conducted with great care. The passing of a male catheter was entrusted to Dr. Elliott, who, with no little difficulty, introduced it into the gullet, directed by his fingers, and turned the convex side of it towards the wound. This enabled the part to be seized with a pair of forceps, and a small opening to be made into the Œsophagus. The finger introduced into this opening gave the feeling of something cartilaginous being lodged, which was soon found to be the edge of the fish. A polypus forceps was introduced, and attempts were made to extract it, but to no purpose, as the head of the fish was too smooth to be grasped by a polished instrument. A little manœuvre with the index finger, however, soon dislodged the fish, which made its exit through the wound, head foremost. The fish was four inches and a half long from head to tail, and one inch and a half broad. It is named by Mr. Gray, in his "Illustrations of Indian Zoology," "*Anabas Spinosus*," and has long and sharp fins, both on the back and near the gills. About a week after the operation, a little nourishment was given through the mouth, but as some of it flowed out through the wound, it was deemed prudent not to repeat the attempt, but to continue nutriment through the rectum. In three or four days more the man was able to take nourishment by the mouth, from which time he began to gain flesh and strength. The wound healed gradually, and he was discharged quite cured on the 23d of September, with merely a line of cicatrix on the side of the neck. The performance of the operation occupied more than an hour, and by lamplight.—*From Ceylon Miscellany, in London Lancet*.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 15, 1854.

Official Visit to Lunatic Asylums.—It was our privilege, in connection with the Board of Visitors of the Boston Lunatic Hospital, and a special committee from the City Council, to visit several of the Insane Asylums between here and Washington, during the last month. The visit was made for the purpose of becoming acquainted with their construction, and the method adopted in them for the management of the insane. It was attended with profit and pleasure to us, inasmuch as we had an opportunity of examining and comparing some seven or eight of the largest institutions in the country, wherein were confined, in the aggregate, upwards of two thousand patients, and all of them under treatment.

In the asylum at Blackwell's Island, New York, which is under the management of Dr. Ranney, we saw 535 patients. This is a very good Hospital, constructed of rough granite, and appears to be built in a most thorough and substantial manner. The galleries and dormitories are well arranged for the convenience and comfort of the patients. Dining rooms are connected with each gallery, which was noticed as a great convenience and improvement over the old method. The Hospital is well lighted and ventilated, and warmed by steam throughout. It is also supplied with an abundance of hot and cold water. It is a pauper establishment, and therefore without the elegance and the superior accommodations which were subsequently noticed in other institutions; but the comfort of the poor inmates, and the appliances for the restoration of their health and reason, appeared to be well cared for. Dr. Ranney extended to us every courtesy in his power, and the committee feel under many obligations to him for the facilities afforded them while visiting this and the other institutions situated upon the island.

The next institution visited, was the "*Friends Asylum for the Insane*," at Frankford, situated $7\frac{1}{2}$ miles from the city of Philadelphia, and under the management of Dr. Joshua Worthington. It is a private Hospital, and, as its name imports, is under the immediate care and control of the society of "Friends or Quakers." It is a very neat, and comparatively commodious building, well lighted and ventilated. It has 67 acres of pleasure grounds, besides a large farm connected with it, and at the time of our visit contained 67 patients. Dr. Worthington seems to be well calculated for the position which he occupies, and, as a general thing, his patients manifested much respect for him.

"*The Pennsylvania Hospital for the Insane*," located in West Philadelphia, about four miles from the city, may be justly called the model Hospital of this country, if not of the whole world. It is under the superintendence of Dr. Kirkbride, who devotes his whole time and energy to the benefit of his patients. His Hospital has more the appearance of a fashionable hotel or boarding house, than a place of detention for lunatics. There are museums, and reading rooms for both sexes, and libraries in every ward for the use of the patients. Paintings, statuary and rich engravings adorn the walls and niches, and most appropriate mottoes are placed conspicuously, that they may attract the eyes of the patients. A lecture room is fitted up with all the paraphernalia necessary to make the evening entertainments

instructive and interesting. Dr. Lee, the able assistant, has the charge of this department, and he kindly entertained us by an exhibition of dissolving views, &c. Everything that can serve to amuse the patients, is, in this Hospital, brought into requisition. It is freely ventilated and lighted, and has an apparatus for heating and cooking of the most approved construction. The pleasure grounds and walks are laid out with much taste and care, and the patients are either permitted to have free access to them, or are provided with unobstructed views from small enclosures erected for that purpose in the open air. A seeming absence of all restraint was particularly noticed, the patients passing in and out of their dormitories and galleries, and into the gardens, &c., at their pleasure. But one excited patient was observed, who required the door to be closed upon her, and the doctor had some kind words to say to her, which appeased her at once. He certainly possesses all the necessary qualifications for successfully treating the insane. The mildness and kindly feelings exhibited towards his patients, seem to have won from them their confidence, and we verily believe they would sacrifice themselves at any time to save his life, were it in danger from the sudden attack of some homicidal inmate. Dr. Kirkbride afforded the committee every facility for prosecuting their investigations, and for the many kind acts of courtesy and civility extended them, they feel under lasting obligations.

"*Blockley Almshouse*," also located in West Philadelphia, about two miles from the city, has connected with it a large Hospital for the poor insane, under the charge of Dr. Campbell. There are 187 acres of land attached to this institution, 10 of which are occupied by the buildings, they forming a hollow square. This is the largest pauper establishment which we visited, and is said to be the largest in the world. It contains 2300 inmates, about 450 of whom are insane. Modern improvements in the method of warming and ventilating it, are now being made, and when completed it will compare favorably with any similar establishment for comfort and convenience.

"*Mount Hope Asylum for the Insane*," is situated two miles from the city of Baltimore. It is a private institution, owned by the Sisters of Charity, who have the general management of its affairs. There are 20 acres of land connected with it, for walks and pleasure grounds, and it contains 145 patients. Dr. Wm. A. Stokes is at the head of the medical staff, and he seems to be eminently qualified for his position. At his visits, one of the sisters goes the rounds with him, carrying a book, and a record is made of the condition and wants of the several patients, after which she makes up the prescriptions if any are necessary, and attends to their ministrations. It was extremely gratifying to witness the good order and quietness of this Hospital, and the remarkable control which those devoted ladies had over its unfortunate inmates. Such examples of self-denial and devotedness in a humane cause, which were clearly manifested in every act of these ladies, are rarely witnessed, and furnish the strongest evidence of christian benevolence and goodness of heart.

Attached to the "*Baltimore City and County Almshouse*," is another Hospital, for the insane poor. At this institution, we saw more real misery and suffering, from the want of proper accommodations, than at all the others put together. It has wretched accommodations for the male patients. We saw some of them confined by chains to the floors of damp and gloomy cells. Notwithstanding there are 300 acres of land connected with this institution, less than a fourth of an acre was allowed to be used for a pleasure ground by most of the patients. Many of them are apparently beyond the hope of

recovery, and certainly exhibited a very painful spectacle. The responsibility of this bad state of things, we are happy to know, does not fall upon the trustees of the poor, nor upon Drs. Donaldson and White, the very able attending physicians of the institution; but it comes directly upon the citizens of the county and city of Baltimore. It appears there is a joint ownership of the buildings by the city and county, which has been dissolved by the legislature of Maryland, and is to take effect in about four years; consequently neither party will undertake to make any improvement for the amelioration of the condition of (as the trustees justly say) the poor creatures, who complain not of their sufferings in the eloquence of speech, but whose muteness and stolidity appeal stronger than tongue can appeal to every sentiment of the heart that dignifies the human race. This institution is situated about 3 miles from the city, and has 600 inmates, 126 of whom were insane. The committee were very courteously received and treated by the trustees and medical staff of this institution, for which they feel under many obligations.

"*The Maryland Hospital for the Insane*" is situated about $1\frac{1}{2}$ mile from the central part of the city of Baltimore. It has 10 acres of land connected with it, and accommodations for about 100 patients; but at the time of our visit, there were 120 patients under treatment. Dr. Fonerden is the superintendent and resident Physician; and the institution under his charge will compare favorably in point of neatness, good order and general management, with Dr. Kirkbride's of Philadelphia.

"*The National Hospital for the Insane*" is located in the city of Washington, D. C., about four miles from the Capitol, and is yet in an unfinished condition. When completed, it will be one of the finest and most commodious structures ever erected for such a purpose. Its extreme length will be 725 feet, varying from two to four stories in height. One portion of it is nearly completed, and will be ready for occupancy sometime in January next. The dormitories for the most excited class of patients, are arranged on one side only of the corridors, thereby preventing, to a great degree, the disturbance which usually follows when they are placed opposite each other, as in many of the modern Hospitals. The private rooms, corridors, halls and dormitories, are finished very neatly, and in the most substantial manner; and what strikes the visitor peculiarly and favorably, is, that these several apartments have a different style of finish, and also with different kinds of wood, such as white oak, ash, black walnut, Norway pine, &c. The stories are high studded, and the several rooms well lighted and ventilated, and are to be warmed by a hot water apparatus of the most approved construction. It seems to have been the study of the designers of this Hospital, to make every thing connected with it secure, and yet to avoid all appearances of a prison house or place of detention. It is located on a most lovely spot, commanding a very fine and unobstructed view of the city, and the two great rivers which run by it. The grounds connected with it, for pleasure and gardening purposes, contain 190 acres. This Hospital, when completed, will have ample accommodations for 250 patients, and will cost \$250,000. It is built by the National Government, and from its commencement, up to the present time, has been under the immediate supervision of Dr. C. H. Nichols, its very able and accomplished superintendent. We are under great obligations to Dr. N. for his endeavor to make our visit pleasant and agreeable while in Washington, and it will afford us much pleasure to reciprocate his attentions whenever an opportunity may present.

In concluding our notice of these asylums, we take occasion to say, that

our visit to them not only afforded us much instruction, but we were pleased to find that so many poor creatures, bereft of their reason, are treated on humane and rational principles.

Child-bed Fevers.—"On the Nature, Signs and Treatment of Child-bed Fevers, a series of letters addressed to the students of his class, by Chas. D. Meigs, M.D., Professor of Midwifery and the Diseases of Women and Children, Jefferson Medical College." This is the title of a new work on an important subject. Without knowing precisely the extent of the author's popularity, or his real standing as authority, we rank ourselves, without any qualifications or mental reservations, among his admirers. In the first place, personal industry is next in value to the cardinal virtues, in our humble estimation, and Dr. Meigs is most emphatically an industrious man; in the second place, no man could keep up such a succession of practical instruction as Dr. Meigs has presented to the medical public, without being well grounded in the science of his profession, and strengthened by a vast accumulation of important facts. These considerations doubtless address themselves to other minds. But whether other people think as well of the manner in which he communicates his knowledge, as ourselves, is of no consequence. Those who find fault have an open field for doing better than Dr. M. has done, if they possess the ability. Messrs. Blanchard & Lea, the publishers of the work, have executed its typography in their customary style of neatness, and the lovers and patrons of good books, in a clear print, cannot be unmindful of the publishers' deserts in this particular instance. Were the preface shorter, instead of being in the form of a long letter to Dr. La Roche, it would be an inducement to re-publish it, because it embraces some fine points; but in passing over that generally unreadable part of a volume, it is proper to observe that the work is a large-sized octavo, containing 362 pages, subdivided into twenty-nine letters. The only real complaint we have to make is against the epistolary form. At first there is a freshness in reading a letter. Old letters, however, like old almanacs, become at length superseded. On the contrary, chapters address the intelligence of readers at all times. This, after all, may be regarded as small criticism, and so it is; but much more might be urged against the adoption of this kind of style. As the class is a body of personal friends, it is very proper to approach it familiarly. When it is no longer in existence as a class, letters addressed to it lose a part of their interest—for what cares the world for a bundle of letters designed for persons whom nobody knows? However, there is an immense treasure of thought embraced in the series. Dr. Meigs plainly states his propositions, and illustrates them clearly. The cheerful tone and animated spirit, closely interwoven in the text, add exceedingly to the value of the practical information imparted. To do Dr. M. any proper degree of justice, each letter should be singly analyzed. This is a labor which properly belongs to the quarterlies, as in these pages we have room for little more than general reflections.

Lectures on the Blood.—This is a useful publication, from the publishing house of Messrs. Lippincott, Grambo & Co., Philadelphia. The title runs thus—"Notes on M. Bernard's Lectures on the Blood, with an Appendix, by Walter A. Atlee, M.D." It is an unpretending twelvemo, with a modest title-page; but an examination shows that great things are not always the

best. We learn from the preface that Dr. Atlee, when in France, attended, among other courses, those given by M. Bernard on the blood. From his notes, the pleasant volume to which these observations refer, is made up. Nothing marvellously original is discoverable in it. Still, as a whole, it is a useful statement of the appearance, character and physiology of the blood, as understood in our day. For students, it is better than the heavier and more elaborate productions. Copies may be had at Ticknor & Co.'s, Washington street, Boston.

Meeting of District Medical Societies. MESSRS. EDITORS,—I have just been reading, in the Journal of to-day, an account of the meeting of the East Middlesex District Medical Society. There are some suggestions in that account which seem to me to demand more than a passing notice, and worthy of being put more generally into practice by all our District Societies. I mean the more frequent meeting of the members of the profession—not so much to attend to matters of business, as to become better acquainted with each other, and to have a social feast together. Such a meeting was enjoyed by the members of the Norfolk District Medical Society, at the house of Dr. Cotting, in Roxbury, some few weeks since. There need not be such a magnificent display of the “good things of life” as we had at Dr. C.’s; but we can have the “reason and the flow of soul” with plainer fare. What I would like to have and see carried out by the profession, is a monthly meeting where all formal restraint shall be laid aside, and the meeting devoted, in the first place, to becoming acquainted with each other; and secondly, to a free discussion of each other’s cases, with reports of such as are of interest. But, after all, I would have such meetings made as social as possible; and you well know, Messrs. Editors, that there are no more social beings in “God’s world” than physicians, if they *please* to be so. In my humble opinion, meetings of this character would tend greatly to do away with much which now renders the physician’s life so unpleasant and trying. There would be a better feeling and a more happy understanding among neighboring physicians than there now is—more confidence in each other. If the profession would only be united among themselves—be as gentlemanly to their brother physicians as they are to their wealthy patients—one great source of professional anxiety and trouble would be removed. I do not know much about how my brother doctors get along—though I think I am pretty generally acquainted with “matters and things” pertaining to a country practice; but I find it very much of a constant warfare of self-interest—or, if it suits any better, self-defence; and this probably I shall be obliged to continue until our social meetings are more frequent, and there is a better understanding among the brethren.

King Oak Hill, Nov. 10th, 1854.

N. Q. T.

Dr. Powell on the Duration of Human Life.—A remarkable paper will be found in the Journal to-day, from the pen of Dr. Powell, of Kentucky. We have no means at present of verifying or disproving the truth of the author’s rule, which is so confidently claimed to have no exceptions; nor do we know anything of Dr. P.’s standing or qualifications aside from what is revealed in the paper itself. It will doubtless attract due attention, as its theory may be easily demonstrated if true.

Solidified Milk—An Article of Commerce.—In the American Medical Monthly for October, is an account of the mode of preparing milk in a solid

form. Some eighty miles from New York, up the Hudson river, is a large establishment where this article is manufactured. To 112 pounds of fresh milk, 28 pounds of white sugar is added, and a small portion of the bicarbonate of soda, and this generally reduced by a water-bath heated with steam to powder in evaporating pans of enamelled iron. A press now makes the powder assume the shape of a small block or tablet, which covered with tin foil, is offered to the public for sale. It is pronounced to be a most excellent substitute for milk, and it will readily occur to every one how useful must be this preparation under many circumstances.—*Nashville Journal of Medicine and Surgery*.

Homœopathy in Trouble.—We read in the Gazette des Hopitaux, for September 30th, that the public authorities of Marseilles, France, have visited the homœopathic drug stores, seized their preparations, and closed "the shops." They state as a reason for so doing, that the substances thus sold were not prepared according to the French pharmacopœia, and in the large majority, careful chemical analysis was unable to detect the slightest quantity of the active principle pretended to be contained.—*New Orleans Medical News*.

Medical Miscellany.—An anomalous malady has appeared at Georgetown, D. C., which bears some resemblance to cholera, but still differs from it, say the papers.—Dr. James Holmes is Mayor of Darien, Georgia.—Dr. Otis Hoyt, formerly of Natick, Mass., is a candidate for Congress from Wisconsin.—Dr. Frey, a German medical pretender, is under arrest in New Jersey, for practising by charms, instead of using real pills and powders.—At Messina, an old city on the easterly side of the Island of Sicily, the cholera is awfully fatal.—Sickness at the South, according to recent official bulletins, has nearly subsided.—A clergyman, who is now in his one hundredth year, preached in one of the churches in Bangor, Me., recently.

TO CORRESPONDENTS.—The following papers have been received:—A continuation of Dr. Park's Translation of M. Valleix, Dr. Coxé on the Treatment of Cholera, and Dr. Rutherford on Water as a Therapeutic Agent.

PAMPHLETS RECEIVED.—Proceedings of the American Pharmaceutical Association at the third annual meeting held in Cincinnati, July 25 and 26, 1851.—*Resume de Recherches Cliniques sur la fièvre continue, la dysenterie, la pleurésie chronique, et sur les variations du ton dans les sons fournis par la percussion et par l'auscultation.* Par Austin Flint, M.D., &c. Paris, 1854.—Prize Essay on the fundamental and distinctive principles of the Eclectic Practice of Medicine, by L. C. Dolley, M.D. This pamphlet comes to us, with "Please to notice" written on the cover, which we will do at an early day.—A monograph on the Pathology and the Rational Treatment of infantile laryngo-tracheitis, or croup. By E. R. Peaslee, A.M., M.D., Professor of Anatomy in Dartmouth College.—Congestion of the Brain in Cholera. By James M. Newman, M.D., Health Physician, Buffalo, N. Y.

MARRIED,—At Danvers, Mass., Dr. S. A. Lord to Miss S. E. Daniels.

DIED,—At Rochester, Mass., Dr. D. Huntington, 79.—At West Topsham, Mass., Dr. E. M. Bell, aged 79.

Deaths in Boston for the week ending Saturday noon, Nov. 11th, 63. Males. 36—females, 27. Accident, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 16—convulsions, 1—cholera infantum, 3—dysentery, 3—dropsy, 3—dropsy in the head, 3—debility, 2—infantile diseases, 5—puerperal, 1—erysipelas, 1—typhus fever, 2—typhoid fever, 4—scarlet fever, 4—hemorrhage, 1—hooping cough, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 1—smallpox, 2—teething, 3—worms, 1—unknown, 1.

Under 5 years, 23—between 5 and 20 years, 3—between 20 and 40 years, 25—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 33—Ireland, 16—England, 1—British Provinces, 3—Germany, 4—unknown, 1.

Testimonials of Gratitude from the Citizens of Savannah to her Medical Men, for their Services during the Epidemic of this Year.—A very large meeting of the citizens of Savannah was held at the Exchange in that city, on the 14th of October, the Mayor, John E. Ward, Esq., presiding.

Drs. Redwood and Hamilton, of Mobile, and Dr. Cross, of New Orleans, were, by resolution, invited to be present, and on their appearance the Mayor, in a most eloquent address, expressed to them the deep gratitude of the citizens of Savannah for the noble and heroic service rendered by them, during the late epidemic, and presented to each of them, in the name of the city, a service of plate, as some small token of the kind feeling of the people of the city towards them.

On motion of Dr. Screven, the following resolutions were unanimously adopted:—

Resolved, That the warmest acknowledgments of thankfulness are due, and are hereby tendered by the citizens of Savannah, in town meeting assembled, to the resident physicians of this city, who, undismayed by the peril of their valuable lives, have faithfully discharged their arduous and dangerous duties; to those transient physicians, who, with self-sacrificing devotion, volunteered and gave their services to the sick, and to all corporate bodies, charitable associations, and other associations, and individuals who have manifested their sympathy in our afflictions by contributing in any manner to the relief of the sufferers by the epidemic with which this city has been visited.

Resolved, That the thanks of every citizen are due to the clergy of our city, who have, without an exception, been true to their holy calling, ministering at all times to the wants of the sick, and comforting the afflicted.

Resolved, That the citizens of Savannah will erect a suitable monument commemorative of those gallant and ever to be lamented physicians who have fallen in our midst in the faithful discharge of their perilous duties.

On motion, it was resolved that a committee be appointed by the chairman, consisting of such number as he may deem advisable, to carry into effect the last resolution.—*The Medical News and Library*.

Blasius on the Use of Birch-Oil in Eczema.—For upwards of fifteen years Blasius has been in the habit of using *Oleum Rusci*, the empyreumatic oil of the common birch (*Betula Alba*), with great success for the treatment of eczema. The affected parts are well smeared with the oil every day, and then enveloped in linen cloths; after this has been done for a few days they are well cleansed with soap and water, and then the application of the oil is recommenced. This treatment is continued until not only the formation of vesicles and secretion of fluid are arrested, but until the skin resumes its normal whiteness, smoothness, and softness. Blasius does not recommend the application of the oil so long as the eczema continues to be *acute*, and attended with inflammation; and when, in *chronic* cases, it occasions pain, burning, and itch, attended by swelling and redness of the parts, he discontinues its use for a few days, until these troublesome symptoms have quite subsided. This oil is called “Dagged” in Russia and Poland.—*Deutsche Klinik*, No. 29. 1853.

Subnitrate of Bismuth in Gonorrhœa.—Dr. Cabv recommends, both in acute and chronic gonorrhœa, an injection, three times daily, of water mixed with as much trisnitrate of bismuth as can be suspended. It is to be retained five minutes. It causes no pain.

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No. 17.

"NATURE IN DISEASE"—A REVIEW.*

[Communicated for the Boston Medical and Surgical Journal.]

THOSE who have recently entered the profession can hardly realize the great change that has taken place within the last twenty years not only in the investigation and treatment of diseases, but in the ordinary conversations of physicians among themselves and with their patrons, on such and kindred subjects. Then it was often, nay usually, proposed to arrest a pneumonia by repeated venesections to syncope—to "break up" a typhoid by violent emetico-cathartics, to reduce it by "drivers," or to "cure" it by a "course of medicine" persisted in "until the gums be slightly touched"—or to arrest a phthisical diathesis by the combined forces of all these agents, aided by often-repeated vesications and the more enduring effects of antimonial plasters. Then were frequently repeated the terms "jugulation," "tolerance," "mild salivation," and the like. Then and previously a disease rarely arrived at its termination without the issue, if successful, being attributed to the fortunate and opportune employment of some appropriate drug, or, if fatal, to the unaccountable omission or failure of remedies. The idea that a disease could in any case be safely left to itself without the daily interference of art, was too preposterous to be entertained for a moment. Such a suggestion would have subjected its author to the imputation of indifference to human life, or of ignorance of the undisputed and supposed indisputable remedial effects of certain medical agents. Such is a faint intimation of the state of things in the profession, when Dr. Bigelow, in 1835, delivered the address on what he, for the first time, styled "self-limited diseases"; and which forms the first paper in the volume before us. By a self-limited disease he "would be understood to express one which receives limits from its own nature, and not from foreign influences; one which, after it has obtained foot-hold in the system, cannot, in the present state of our knowledge, be eradicated, or abridged, by art—but to which there is due a succession of processes, to be com-

* NATURE IN DISEASE—Illustrated in various Discourses and Essays. To which are added miscellaneous writings, chiefly on medical subjects. By Jacob Bigelow, M.D., Physician and Lecturer on Clinical Medicine in the Massachusetts General Hospital; Professor of Materia Medica in Harvard University; President of the American Academy of Arts and Sciences; and late President of the Massachusetts Medical Society. Boston:—Ticknor & Fields. 1854. 12mo., pp. 391.

pleted in a certain time; which time and processes may vary with the constitution and condition of the patient, and may tend to death, or to recovery, but are not known to be shortened, or greatly changed, by medical treatment."

To the maintenance and illustration of this statement Dr. Bigelow brings an array of facts which cannot be gainsaid; and supports them with such irresistible reasoning that the conclusion, though it does "not flatter our professional pride, nor attest the infallibility of our art," is inevitable. In his list Dr. Bigelow enumerates several diseases which up to the hour of his discourse were considered by the mass of the profession as unquestionably within the power of art to modify and to arrest. To this list others might with propriety be added. Indeed it would perhaps be more difficult to show conclusively which of the acute diseases, so-called, may be always excluded from such a category.

For those who still strive to arrive at other conclusions, or who too readily incline to attribute a peculiar efficacy to any favorite treatment, or to any particular agent which may be at the moment much lauded and popular, we quote the following sentences from the address, the whole of which is worthy of being committed to memory not only by every young practitioner, but by many experienced ones.

"Nothing can be more illogical, than to draw our general conclusions, as we are sometimes too apt to do, from the results of insulated and remarkable cases; for such cases may be found in support of any extravagance in medicine; and if there is any point in which the vulgar differ from the judicious part of the profession, it is in drawing premature and sweeping conclusions, from scanty premises of this kind. Moreover, it is in many cases not less illogical to attribute the removal of diseases, or even of their troublesome symptoms, to the means which have been most recently employed. It is a common error to infer that things which are consecutive in the order of time, have necessarily the relation of cause and effect. It often happens that the last remedy used, bears off the credit of having removed an obstruction, or cured a disease, whereas, in fact, the result may have been owing to the first remedy employed, or to the joint effect of all the remedies, or to the act of nature uninfluenced by any of the remedies"—or, as he might have added, sometimes in spite of all of them.

The delivery of this address produced a marked effect on the audience assembled, consisting of medical gentlemen from all parts of the State. Its publication by the Society placed it on the table of every regular physician of the Commonwealth, and within the reach of most educated men. It was largely quoted by the medical and other journals of the day, and has formed the substratum and leading idea of many other medical addresses in this vicinity and elsewhere, and tended greatly to produce the change of opinion alluded to in the commencement of this article. Its influence on the profession and the community cannot easily be overstated, and we fully endorse the remarks of Dr. John Jeffries in his address before the Suffolk District Medical Society.

"I am sure," says Dr. Jeffries, "that I am within the bounds of conceded fact, when I say it had a most powerful influence on the

Fellows of the Society ; nor do I think I should exceed those bounds if I should say, that on no occasion of a public medical address in this city, was a greater good ever effected. Original in thought, simple and lucid in construction, enclosing an extensive field, it exhibited distinctly the important truth, that over some diseases medicines had no control ; and that they had no power, with a large class, to arrest or cut off morbid action. It led to a careful examination of the efficacy of remedies hitherto relied upon, and to a distrust of whatever was hypothetical. It took from under them the foundations on which some physicians rested ; and induced all to scrutinize more fully the ground on which they stood. It was happily conceived, ably executed, and produced at a most propitious time."

In the four following papers—On the Treatment of Disease ; Practical Views of Medical Education ; Report on Homœopathy ; On the Medical Profession and Quackery ; Dr. Bigelow further develops his views of self-limited diseases, and gives some of the results of his *accurate* investigations and enlarged experience.

In the first of these papers, the Discourse on the Treatment of Disease, he defines medicine to be "the art of understanding diseases, and of curing or relieving them when possible," and goes on to show that "*he is a great physician who, above other men, understands diagnosis.*" It were well for the community and the profession also if these positions were better understood and acted upon. It is too apt to be the case, now less than formerly, perhaps, that he is popularly considered the greatest doctor who has the readiest facility in multiplying remedies and in enlarging on their wonderful effects. But any simpleton may prescribe for symptoms, while it may require great skill to unravel the mysteries of disease, and much learning and experience to understand its natural history and tendencies.

"Medicine is a great good and an unquestionable blessing to mankind, when it is administered by discriminating and intelligent hands with sincerity and good judgment," * * * * but "the agents which we oppose to the progress of disease, may, by excessive or ill-timed application, become themselves the pregnant sources of disease. Every prudent practitioner is bound to consider the effect and tendency of the remedy he is using, and to inquire whether the means employed to counteract the existing disease, are not, in their turn, likely to produce evil to the patient ; and, if so, whether the evil will be greater or less than the disease for which they are administered."

Dr. Bigelow divides diseases into "curable diseases" (more properly perhaps called disorder, or disturbed functions), "the temporarily self-limited, and the incurable," and having given some very appropriate cautions against hastily inferring that the recovery from any one of the first two classes is in the particular case necessarily the result of a favorite remedy, however remarkably this recovery may seem to have followed the administration of the agent, concludes the lecture in the following words, which should be pondered well by every honest and high-minded practitioner.

"The dignity of our science, and the responsibility of our profession,

require that we should form just views of the extent of our capacity and duty, and that we should not shrink from avowing them to the world. Our science, imperfect as it is, has achieved as much as any similar science for the prevention, alleviation and removal of the evils which it combats. Let us not bring it into disrepute, by pretending to impossibilities, by asserting what cannot be proved, and by professing what human art is unable to accomplish. A new era will dawn upon medicine when its faithful and enlightened cultivators shall more constantly devote their time and their efforts to enlighten the public mind in regard to the true mission and powers of their science; and when they shall leave to charlatans and fanatics, the doubtful and dishonest game of unfounded professional pretension."

The Essay on Medical Education was intended to counteract the notion then beginning to be prevalent in some quarters, that long courses of lectures were more important to students than "active inquiry and rigid, methodical, self-regulating study." It deprecates exaggeration and display in medical teachings. It points out the true principles on which judicious courses of lectures should be founded, and the studies of students regulated.

"The subjects most important to be taught in medical schools, are the elementary principles which constitute the frame-work of medical sciences, and the mode of thought and inquiry which leads to just reasoning upon them. After these, most attention should be given to selecting and enforcing such practical truths, as will most certainly be wanted by the young practitioner, in his future career of responsibility."

It is but an act of simple justice to add that such soundness has ever characterized, in an eminent degree, the public teachings of the Faculty by whose vote the paper was published. As an humbler pupil we can readily aspire to a full sympathy with Dr. Jeffries when he says, "I proclaim it, with a proud emphasis, that the Boston Medical School has been, for these last thirty years, remarkably free from theories that were untenable, or teachings that were uncertain or unsound. I do not utter this under the pressure of the official toga, which I have never worn; but I record it as a tribute of a grateful pupil. I thank my instructors that I was not early indoctrinated in error or enlisted to do battle for the theories of a party."

The Report on Homœopathy was occasioned by an attempt on the part of some of the members of the Massachusetts Medical Society to involve the government of that Society in a war of expulsion of certain members, who were infatuated enough to believe in, or unscrupulous enough, though unbelieving, to pretend to believe and to practise, the absurd doctrines of Hahnemann. The committee, through Dr. Bigelow, report—

"That the Massachusetts Medical Society was incorporated mainly for the purpose of establishing a proper standard of medical education, and of insuring a competent degree of knowledge among those who should be authorized to practise the profession of medicine in this Commonwealth, and they are not aware that the Society possess any power to coerce men, after they have been thus educated and qualified, to embrace or renounce any theoretical opinions, or modes of practice, which they may

innocently believe, or which, not believing, they may think it proper to profess."

Here is the whole matter in a nut-shell, so far as the Society is concerned. The Society may set its standard as high as it pleases, may subject its applicants to the severest examinations, but it has no power, even if it were just and expedient, to put any restraint on its members, when admitted, in their methods of practice or of administering remedies; or to say how much or how little may be given without injuring one's claim to orthodoxy. With utter disbelief in its theories and thorough contempt for its pretensions, many of the strongest men in the profession would nevertheless prefer its practice, on the ground of humanity if on no other, to that incessant and reckless over-medication usually denominated heroic. Never was a misnomer more fruitful of evil. The fool-hardihood wrapt up in that specious phrase "heroic treatment" has slain more than the sword or the pestilence. Many years before the introduction of homœopathy, this alarming evil had been resisted to the utmost by many judicious practitioners. The address on self-limited diseases had paved the way for a better appreciation of the powers of medicine and the duties of a good physician. But it needed, perhaps, some equally extravagant method of a diametrically opposite character to the mis-called heroic, and one, too, which should sometimes bear off the pecuniary prizes, to assist in staying the progress of over-medication, and in doing the work of reforming that system of practice. Such a method of treatment is now having its run, and when it shall have accomplished whatever of good it may in this respect, it will pass into oblivion, leaving some of the amplest proofs that many diseases may be recovered from when under judicious nursing they are left to nature alone, undisturbed by active medical interference. Let those who wonder at the spread of homœopathy, and wish to check its inroads by persecuting its advocates, listen to the remarks of Dr. Bigelow on this subject and learn wisdom.

"It is not only to expectant medicine, in the form of its counterfeit, homœopathy, that the censure of prejudice and credulity is to be attached. The opposite system of active practice, carried to the extreme usually called heroic, is alike chargeable with evil to the patient, whenever it becomes the absorbing and exclusive course of the practitioner. Physicians are too often led to exaggerate the usefulness of the doctrines in which they have been educated, and especially of those by the exercise of which they obtain their daily bread. In such cases habit gets the ascendancy over enlightened judgment, and the man of routine, or of narrow views, asks himself, from day to day, what drug or what appliance he shall next resort to, instead of asking the more important question, whether any drug or any appliance is called for, or is properly admissible in the case."

"It is quite probable that the prevalence, at times, of eccentric and ultra-sectarian doctrines in medicine is attributable to the exaggerated value attached by physicians themselves to incessant activity in practice, and an assumption of credit for particular modes of medication, to which, as such, they are not entitled. There is often a want of openness in the

intercourse of physicians, both enlightened and ignorant, with their patients, who are requested to believe that their cure depends not in any degree on the salutary influence of nature and time, but in the rigid enforcement of a prescribed routine of practice, either active or formal, as the case may be. And when opposite modes of treatment are urged upon the public by different practitioners with reasonings equally specious, it is not surprising that patients should sometimes adopt that which is least troublesome in its operation. Neither is it surprising that they should sometimes embrace even a deception, which absolves them from their allegiance to an unnecessarily severe or troublesome course of treatment."

In the next paper, an Introductory Lecture to Medical Students, are given many useful hints on the best employment of time during professional pupilage, on the duties every medical man owes to himself, to his competitors, and to his patients; with some practical suggestions on empiricism and quackery, those immemorial plagues of the regular profession, or rather of the more unsuccessful and disappointed members of it. We commend the whole lecture to the attentive perusal of those who feel particularly aggrieved at the success of marauders, with the single remark that it will be a happy day for the profession when its regular members shall assiduously attend to the legitimate business of improving themselves and elevating their calling, leaving the charlatan and adventurer to descend unmolested to the obscurity that ultimately awaits them. When it shall have risen so high above empiricism and pretension as to ignore their very existence, then, and then only, will the medical art have attained to its true elevation and dignity.

We have thus passed hastily in review some of the leading topics of the first five papers. These discourses on their delivery and first publication made a great and permanent impression on the profession and the community, and are destined still to exert an abiding influence for good on the progress of rational medicine here and elsewhere. The space we have given to their consideration leaves but little opportunity, at this time, to glance at the many varied and important subjects discussed in the other chapters of the volume before us. We must content ourselves by saying that for models of dispassionate discussion of the natural history of disease and the value of various remedies and modes of treatment, we would refer to the chapters on "Gout and its Treatment," on "The Treatment of Injuries occasioned by Fire and other Heated Substances," and on "The *Mucuna Pruriens*." The same accuracy and discrimination may be seen in the sections on "The Poisonous Effects of the American Partridge," on "Coffee and Tea," on "The Action of Cochineal Water on Lead Pipes," and in that on "The History and Use of Tobacco." One may seek in vain for more remarkable instances of acute observation or ingenious and successful experimentation than those detailed in the chapter on "Pneumothorax;" while in that on "The Pharmacopœia of the United States," and on "The Early History of Medicine," we have examples of correct analysis and liberal criticism.

In a note to the Lecture on "The Burial of the Dead," we are glad to see that Dr. Bigelow has at length been willing to avow, what was

indeed well known before by those who had watched the enterprise from the beginning, that "the project of Mt. Auburn was originally conceived, the preparatory meetings called, the land selected and engaged, and the larger public structures, the gate, chapel, tower and iron fence designed, by himself at different times." This pre-eminently successful undertaking will ever remain a monument to his public spirit and taste more enduring than marble, more lasting than brass.

The address delivered before the American Academy of Arts and Sciences forms the concluding paper of the volume, and is well worthy of the distinguished reputation of the present head of one of the highest scientific bodies in the country.

In bringing these hurried remarks to a close, we cannot refrain from expressing the conviction that the community as well as the profession owe a debt of gratitude to Dr. Bigelow for again bringing within their reach these valuable papers, which have already produced and are still destined to exercise a great and salutary influence on the thinking mind of the age.

B. E. C.

LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER XVI.

INTRODUCTION of the Intra-uterine Pessary.—The jointed stem-pessary which I have just described to you, is to be introduced into the uterus in the same way as a straight sound. Previously to its introduction it should be opened in such a manner that the uterine stem and the disc which support it may form a straight line with the vaginal stem. As this part of the apparatus is not of sufficient length to be easily manoeuvred, a handle for introduction—nearly straight—is used. This handle penetrates into the cavity of the vaginal stem, and on being withdrawn, gives place to the frame-work. As the vaginal stem forms a slight curve, with its concavity upwards—a point which I did not feel called upon to mention in the description—the handle for introduction presents an analogous curve in the opposite direction, which corrects the first, and gives to the whole the form not of a straight line, but of an elongated S, with its two curvatures considerably flattened.

The instrument thus arranged is applied, I repeat, as though it were a straight sound, the same difficulties being encountered as in the introduction of the latter instrument, and being surmounted by using the same precautions. (See page 35 *et seq.*) When the stem has penetrated entirely into the uterine cavity, the finger, which has been retained in the vagina to serve as a guide to the instrument, feels the cervix touch the disc to which it is directly applied. It is at this moment that we must establish the flexion between the two stems, and for this purpose it suffices to direct upward, and at the same time push backward, the handle, which carries with it the vaginal stem. But, as at the moment when the spring comes into play, the mucous membrane of the posterior cul-de-sac of the vagina may be wounded, or at least pinched, so as to cause

pain, it is necessary to take care to keep that membrane clear by depressing it with the finger.

This done, we see the vaginal stem (which appears at the vulva to be dragged towards the fourchette in cases of displacement forward) towards the clitoris in those of displacement backward, in consequence of the movement in the opposite direction which the body of the womb gives to the uterine stem, tending as that organ does by virtue of its weight to re-assume its vicious position. In a few cases, even, especially in those of retroversion, the uterus being considerably engorged, is sufficiently bulky and heavy to afford ground for apprehension that the superior wall of the vagina may be wounded by the pressure of the free extremity of the vaginal stem, or that this stem may press upward under the pubis, in such a manner that it may be difficult to reach it, for the purpose of adjusting the frame-work. It will be easy to obviate these inconveniences by keeping possession of the stem, while the handle is withdrawn to give place to the frame-work, a single finger being sufficient to retain it.

The frame-work being once in place, the two pieces of the apparatus are united by tying upon the lower part of the frame-work the two ends of the thread which had previously been passed through the hole in the vaginal stem. It is sufficient to tie the two pieces firmly enough to prevent them from separating, but an adequate amount of play should be left that no part may be injured. The whole is then fastened around the body by means of the superior cords serving as a girdle. The bands are drawn tightly, in case of anterior displacement, moderately in case of displacement backward—you comprehend with what object in view. Owing to the firm union of the two parts of the apparatus, the uterine stem is moved together with the frame-work, and as the one is parallel to the other, their movements correspond in direction. If, then, you apply the frame-work firmly against the abdominal wall, you proportionably throw backward the stem, which carries with it the womb;—and there is every reason to exaggerate this movement backward to combat a displacement forward. This is why we bind firmly the girdle, to which are attached the perineal bands.

In the displacement backward, on the contrary, there is every advantage in bringing the body of the uterus as far as possible forward, at the same time pushing the cervix backward. It is necessary, then, to advance the frame-work from the abdominal wall. This is accomplished by drawing the girdle with but moderate tightness, and on the contrary tightening quite firmly the perineal bands which are attached to the frame-work itself in order to bring the latter downward and forward.

The stem-pessary should only be applied when the sound shall have been employed long enough to show that the latter is insufficient for the treatment, or in those cases in which the uterus has so great a tendency to resume its vicious situation that it falls back immediately after having been raised by the sound. You have not forgotten that we had one anteversion (Case V.) and several retroflexions cured, or nearly so, by the passage of the sound alone—a fact which is sufficient to lead us to persevere longer in the employment of this instrument.

In all cases, the instrument should be applied at a considerable distance of time from the menstrual period—no less than four or five days after the disappearance, and from seven to eight days at least before* the appearance of the menses; for it would involve the inconvenience either of bringing on alarming hemorrhage, and perhaps of provoking inflammation of the uterus if the menstrual flow were too recent, or of hastening that flow if its regular epoch were near at hand. In all cases, if any of these slight accidents should supervene, it would be necessary to remove the instrument. I have seen cases, rare, it is true, in which it could remain but twenty-four or thirty-six hours, because it brought on the menses from ten to twelve days in advance. It was especially upon the first application that this took place, for, at the subsequent ones, its action was less evident.

This hastening of the menses, and the slight attacks of metrorrhagia, provoked by the intra-uterine stem-pessary, are among the principal obstacles to the treatment, and you have seen (Case IV.) what perseverance it required to surmount them. In the women, in whom, for one cause or another, menstruation was suspended, the stem was borne much longer. (Cases XVIII., XIX.)

Its application produces the same immediate effects as that of the sound—that is to say, during three, four or five hours the women experience uterine tormina, intermitting from time to time, soon to return. The tormina re-appear (though less severe) the next day, or for several succeeding days, to cease afterwards completely, until, returning anew—more intense and more frequent—after having been now and then succeeded by general *malaise*, with wandering pains in the limbs, they indicate the approach of the menses, and the moment when the stem-pessary should be removed.

Length of the Intra-uterine Stem.—The precaution of the first importance in the success of the treatment is to introduce into the uterus a stem so short that its extremity may not tend to impinge upon the fundus of the organ. This is the reason why I have recommended to you to take with the sound the measure of the uterine cavity, in order that you may give to the instrument a length less than that of this cavity.

From what takes place when the extremity of the sound happens to impinge, even accidentally, upon the uterine walls, you can judge what troubles would be provoked by the constant contact of a stem of too great length constantly pressing upon this same wall. Independently of insupportable and constant pains, there would be metrorrhagia and even inflammation. In one case such accidents forced me to remove a stem-pessary, the stem of which was six centimetres in length. I caused it to be reduced to five centimetres, and it was not only well borne, but also procured a prompt and solid cure.

At the present time, I do not content myself, as at first, with giving to the stem a length less by from five to ten centimetres only, than the depth of the uterine cavity; I lay it down as a general rule that “this stem should be as short as possible.” In the cases of simple version

* We suppose the author means to say that the instrument should be *withdrawn* seven to eight days before the menstrual period.—TRANS.

without flexion, if the tissue of the uterus is resistant—not softened—it will be sufficient in order to make the organ swing completely over, for the stem to penetrate beyond the internal orifice. The body ought to follow in the opposite direction the movement given to the cervix, since a solid and firm organ, though hollow, should be displaced *in toto* when a movement is communicated to one of its extremities. Then with a stem of from four to five centimetres at most, one will always succeed in raising the womb while making sure never to come in contact with its superior wall. In the cases of flexion, matters are not the same as with simple versions. Meanwhile, to retain the organ re-placed, it is enough for the stem to pass a centimetre beyond the point of flexion, which is found almost always at the level of or below the junction of the cervix with the body. Consequently, the stem has no need of being longer than for simple versions.

I dwell much upon this necessity of shortening the uterine stems, because if you do not attend to it you will have at least the disagreeable consciousness of causing your patients a considerable degree of pain, which it would have been easy to have spared them. And many among them—those especially who have been induced only with great difficulty to submit to the treatment, and after numerous solicitations on the part of their families—would hasten to make a pretext of these violent torments, experienced at the outset, for abandoning it completely before having derived from it any advantage. But if, on the contrary, the stem is just long enough to sustain the uterus without reaching its fundus, they will experience immediate alleviation, and will show themselves afterwards very docile in submitting to all your prescriptions.

Epoch at which the Stem-pessary should be removed.—The patient, while wearing the stem-pessary, should be watched very carefully, and be seen every day, at least during the first part of the time that it is *in situ*.

It is important to make sure that the instrument is not displaced. Some—very untractable—untie the ligatures; and when they tie them again, the stem which, during a movement, has emerged from the uterus, remains in the vagina, the walls of which it may wound. Others, under the pretext of re-placing the perineal bands (because soiled with blood or mucosity) with clean ones, at the same time cut the thread which holds together the two pieces of the apparatus, which last may then separate and contuse the vagina. When this is the case, the stem-pessary should immediately be re-applied, and more firm union be effected in a suitable manner.

Again, it is necessary always on the first appearance of any febrile symptom whatever, to hasten to remove the instrument altogether, even in opposition to the wishes of the patients, who having already experienced relief may desire to retain it longer. But this point should never be yielded, for, it is important in the course of an intercurrent affection, even a slight one, to relieve the uterus from this foreign body, which inducing a certain degree of irritation, may on its part occasion symptoms of inflammation.

I thus, as a general rule, remove the stem-pessary *when the menses set*

in, which you are aware may be hastened by its presence. Prof. Simpson leaves it in place during the menstrual period, and reports a case in which he allowed it to remain for ten consecutive months. In a letter which I received from him, he informs me that one of his patients has now retained it for *more than three years*, being unwilling to permit its removal, so much does she fear that the symptoms which have disappeared during its use, will re-appear when the uterus shall be abandoned to itself. But, on the other hand, you have seen that though leaving it *in situ* a much shorter time we have obtained excellent results, and on the other hand the occurrence of accidents has been mentioned in cases in which the stem pessary has remained too long. For my part, I have sometimes witnessed the occurrence of very severe pains, and of anemia, following upon a very abundant and prolonged menstrual flow, when I have attempted to leave the stem-pessary in place. Thus at the present time I have judged it more prudent, except in some cases in which it produces no trouble, to remove it, with the intention of re-placing it at a later period, if there should be no objection.

Finally, when the patients have worn the stem-pessary for a certain length of time, the moment ordinarily arrives, when, after having enjoyed perfect health, they are seized with uterine tormina more or less severe and frequent—with pains extending into the loins—sometimes with general painful lassitude (*courbature*), and a slight feeling of tension in the abdomen. The stem-pessary should then be removed, for either menstruation is coming on, and it may be necessary to re-place it at a subsequent period; or else the menses are not about to appear; and then these symptoms indicate that the presence of the instrument has brought about in the uterus an action favorable to the cure. I do not think, in fact, that the uterus maintains itself in its proper place only because it has been put there, but because the uterine stem while sojourning in its cavity has excited in its walls a stimulating influence, susceptible of modifying the vitality of the tissues.

It is known that the susceptibility of the uterus is much greater at the approach of the menses than during the intervals that separate them. Thus, those women who, from some cause or other, do not menstruate, support the instrument much longer than others. I have seen it remain in place with them forty-eight and forty-nine days, while the usual term is eight and ten days, and while sometimes it could be supported only twenty-four or thirty-six hours. However this may be, I am confident that to secure recovery, it is only necessary to await the manifestation of the above symptoms, whether they arrive at the end of twenty-four hours or fifty days; for, let me tell you, that the duration of the sojourn of the instrument had no further influence than that, and the recoveries taking place after twenty-four or thirty-six hours, are quite as solid and quite as exempt from relapse as those which were obtained after a much longer time.

Influence of the Treatment in the Different Cases.—As a general proposition, the influence of the treatment is much more marked, as I said in speaking of the *prognosis*, in the cases of flexion, than in those of complete version, and in the backward than in the forward displacements.

State of the Uterus after Re-placement.—It must not be hoped, gentlemen, that in all women cured of displacement you will find the uterus at once in the same state of integrity as if it had never been affected with this lesion. You know already that there often remains a certain depression, or a fold projecting at the point where the flexion existed. I have explained to you, when speaking of ante flexion, the formation of this fold in consequence of the sinking of the thinner wall at the corresponding point. The point essential to complete recovery is that the axis of the organ no longer deviate wholly or in part from the direction of the axis of the brim. Meanwhile, recovery may sometimes be considered complete without the correspondence of these two axes. After anteversion especially it will frequently occur to you to find still a slight inclination of the uterus, after the disappearance of all the symptoms produced by the displacement. I have seen physicians who, in such cases, expressed themselves not at all satisfied with the result obtained, although the patients were in a state of perfect health and could take long walks without fatigue, whilst previously they were in a state of great suffering, and could with difficulty walk a few steps in a stooping attitude. It is incontestable, however, that a certain degree of inclination is perfectly compatible with health; and we should consider ourselves fortunate when we have placed the uterus in such a position that there are no longer any symptoms.

The fear might be entertained that in this position the uterus would have a greater tendency to be displaced anew in the same direction. But the facts do not justify this fear.

I have seen several women in whom the uterus is placed in this oblique position, and is there perfectly well maintained. I believe that from the moment when it is so raised as to relieve the symptoms, there takes place in the broad ligaments previously subjected to traction, a certain action which restores their tonicity, and permits them thus to maintain the uterus perfectly well in the situation it occupies.

But this is not all. The time then arrives for the consolidation of the cure, for, little by little, the organ becomes less bulky, in consequence of the disappearance of the engorgement of which it was the seat. Then the uterus becoming lighter re-ascends to the place which it ought normally to occupy, and there no longer remains any trace of uterine lesion. The diminution in the size of the uterus under the influence of its new position takes place quite rapidly. But in the cases in which the engorgement was very considerable, there were necessary, four, five and six months to obtain this so desirable result. The proof, however, that in this case the cure is quite real, is the cessation of the pains and of all other symptoms, general or functional, by which the malady previously manifested itself.

I wish also to call your attention to a particular circumstance which presented itself twice to my observation. In two cases of anteversion with considerable engorgement, the uterus being heavy and bulky, the intestinal symptoms due to the compression of the rectum by the uterine neck were not only not diminished, but even augmented after the re-placement began to be obtained with the instrument. This was because

in these cases the first symptoms were produced by the simple pressure of the voluminous cervix upon the anterior wall of the rectum, whilst afterwards the uterus not being completely replaced, but occupying an oblique direction, nearly intermediate between the horizontal and its normal direction, the cervix, under the weight of the organ, pressed no longer transversely but obliquely with all this weight upon the lower part of the rectum. In these cases, the application of a stem pessary with a short stem, the frame-work being firmly fixed against the abdominal wall, in order to bring the cervix forward, was sufficient to effect immediate relief, especially marked during the sojourn of the instrument. One of these patients is cured, the other being still under treatment; and after each application of the instrument, a greater amelioration is ascertained to have taken place, with a disappearance more and more marked of the pain, and with diminution of the bulk of the uterus.

Previous Treatment.—The patients whom we have attended had already undergone without effect numerous and various forms of treatment, with which I will soon make you acquainted. Several had been subjected to the abstraction of blood. Numerous sanguineous evacuations, general and local, had been practised upon them without modifying at all the state of the uterus. I know not what influence these losses of blood may have had upon the surrounding tissues, but as to the displacement itself in these cases it underwent no change.

I have made known to you the numerous errors of diagnosis committed in certain cases before the displacement was definitely recognized. In these cases the treatment was naturally directed against diseases which were believed to exist—and that without effect. Many have taken preparations of iron to combat symptoms of anemia. It is proper to remark especially that almost all had been cauterized several times, whether they presented slight granulations of the cervix or only engorgement. Under the influence of these cauterizations there had been momentary relief, especially during the employment of the treatment. But as soon as the patients re-commenced their occupations, and especially walked a little, the pains re-appeared as intense as before, if not more so, for it is a part of the very nature of the malady to go on increasing.

Besides, it has happened almost always that when the cauterizations were employed for excoriations—ulcerations—granulations of the cervix, they with difficulty triumphed over these diseases, and it was necessary to employ them for a long time, whilst after the re-placement of the uterus a few cauterizations sufficed to cause the disappearance of very extensive ulcerations which had previously shown themselves very rebellious.

Finally, as in many cases, the depression only of the uterus had been observed, all the symptoms having been attributed to this, and no account having been made of the displacement [change of direction of the axis], pessaries of diverse forms [not intra-uterine] had been employed and had sometimes procured relief—often had exasperated the pains—never had produced recovery.

Auxiliary Remedies.—But I will not dwell upon these methods of treatment, but will glance very rapidly at those I have employed as aux-

iliary in the course of my ordinary treatment, which, however, has been used by itself in the larger number of cases. In the others we have most often had recourse to these accessory measures only to combat particular symptoms supervening ordinarily during the treatment, and when it had already commenced to show its efficacy.

Iron was directed against anemia, whether it had preceded or followed the employment of the stem-pessary. In cases of debility—of atony—I recommended cold lotions. I prescribed sedatives, externally and internally, a succession of blisters with or without morphine, to combat certain neuralgic pains. Laxatives—gentle purgatives—were given when there was constipation. These modes of treatment, you perceive, could have no direct action upon the displacement itself.

I well know that latterly a few cases of cure by hydrotherapy have been cited, but in these cases the treatment was not confined to simple cold lotions, but consisted also of injections per vaginam or per rectum, or of douches upon divers points of the walls of the abdomen and of the pelvis. One would not naturally suppose that these douches acting, directly, would have a degree of energy very different from that of simple lotions, employed, too, as they were, most often, at the end of the treatment by the stem-pessary, and when that instrument alone had already produced considerable amelioration.

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American Medical Association's Transactions.—The seventh volume has been added to the series of transactions of our great national society of scientific physicians. They form a valuable collection of treatises and reports. From the character of the men who have been prominent in this Association, no very inferior articles would have been likely to appear in the pages of its Transactions. We can appeal proudly to the contents of the volumes now fairly before the medical world, as honorable evidence of the industry, research and professional attainments of American physicians. It happens in most societies, that ambitious individuals make use of their connection with others, as the means of giving themselves a prominence before the great outside public, and appear as authors, at the expense of their associates. In this Association there has been no room for trickery of this kind. The plan adopted from the beginning, in respect to the publishing of reports and contributions, subjects each and all articles to a scrutiny sufficiently active to prevent little men from magnifying their own importance. Notwithstanding the value of these volumes, it happens very singularly that their publication is subjected to an immense amount of friction. Each volume goes hard through the press, and the money comes reluctantly from the pockets of the craft, to pay for it. Who can divine a cure for this mortifying state of things? There is either a screw loose, or a screw wanting, and it ought to be determined which, forthwith.

In regard to the contents of the volume before us, the seventh, we consider it fully equal to either of its predecessors. The prize essay, "On a new

mode of treating ununited fractures, and certain deformities of the osseous system," by David Brainard, M.D., of Chicago, is, in our opinion, the gem of the book, as a practical, every-day guide. The report on the "Epidemics of Louisiana, Mississippi, Arkansas and Texas, in 1853," by E. D. Fenner, M.D., of New Orleans, is a learned dissertation, and abounds with statistical facts of the highest value to the future medical historian. Of the rare abilities of the author, and his familiarity with any and every subject connected with his profession, no one ever thought of expressing a doubt. As the Transactions are widely distributed over the country, it is unnecessary to particularize minutely the more valuable portions of the contents.

European Institutions for the Blind.—Dr. Dunglison, of Philadelphia, who is known to every one even remotely connected with medicine, was requested by the Board of Managers of the Pennsylvania Institution for the Education of the Blind, to examine the different institutions abroad. He was then making preparations, it seems, for revisiting his father-land, being an Englishman by birth. The pamphlet published by order of the Board, on Dr. Dunglison's return, embraces the results of his examinations. All and everything belonging to the European system of teaching the blind, has been industriously collected by the author, and arranged in a clear and proper light. For physicians in general, the record has no special interest beyond that which is shared in common with other philanthropists. The relations are curious, and we can testify to the correctness of the descriptions, from having visited some of the same institutions.

Recollections of Europe.—When Prof. Dunglison, of the Jefferson Medical College, delivered his opening lecture for the season, in October, he took for a topic, *Recollections of Europe*. As mentioned in another place, the Professor was originally from England, but took up his residence many years since, in Virginia, and subsequently accepted a chair in the college with which his name has for a long while been associated. His return home to revisit the scenes of early life, must certainly have contributed materials for pleasant reflection, and has afforded themes for an introductory which abounds in recitals, and cannot fail to be extensively read. Others may have witnessed the same sights, passed through scenes nearly identical, and known the men whose names are recorded in these Recollections; but it requires no ordinary tact so to relate what one has seen and heard, as to be both instructive and agreeable at the same time. Prof. Dunglison possesses this tact. Those who have an opportunity to read the Recollections, will acknowledge that they have enjoyed a real entertainment.

Rhode Island Registration.—Under the direction of the Secretary of State, a return of the births, marriages and deaths in Rhode Island, for the last year, has been published, and similar reports are hereafter to appear annually. Thomas H. Webb, M.D., of Boston, formerly of Providence, a man remarkably fitted, by a long course of literary training, for a labor of this kind, which requires patience, medical knowledge and literary accuracy, prepared the work. It is both a monument of Dr. W.'s qualifications, and of the care of Rhode Island to preserve statistical facts, so essential to the advancement of society. Dr. Mauran, of Providence, Chairman of the Committee of the Medical Society, to whom the people are indebted for the

action by the legislature which has resulted in this report, has our thanks, at least, for placing the returns in the competent hands of Dr. Webb.

Hamilton County Lunatic Asylum.—A farm was purchased, some years since, for the home of lunatics, not far from Cincinnati, Ohio, in the above-named county, and suitable buildings erected thereon. From the statements in the report now before us, the whole establishment appears to be in a satisfactory condition. It was first opened in 1853, and the whole number of patients received since, is 77 males and 76 females.

Nature in Disease.—An excellent book has just come from the press, written by Jacob Bigelow, M.D., of this city, a gentleman of great distinction and authority in whatever belongs to the science of medicine. A correspondent in the *Journal*, to-day, writes so fully respecting it, that we need at present say nothing in addition.

Massachusetts General Hospital.—The Trustees of this Institution have it in contemplation, as we learn, to enlarge the building, by adding another story to it. More room is needed, and the addition of another story will be an ornament as well as a great improvement. We would suggest to the Trustees, that they also take into consideration the expediency of removing the old, unsightly board fence which surrounds the Hospital, and replace it by one made of iron, which would be both substantial and ornamental.

Sanitary Police in Cities.—Dr. Griscom, of New York, in his address before the Academy of Medicine in that city, said of the sanitary police of New York, which is composed of twenty-nine men, that not more than one of them could distinguish incipient smallpox from the effects of a musquito bite. We know not how much of exaggeration there may have been in this remark; but it is certain that a majority of a board of health, or sanitary police, should be well-educated medical men.

Alleged Restoration to Life after long Freezing.—A very ridiculous paragraph is going the rounds of the newspaper press, setting forth that the scientific men of France are speculating, just now, on the recent instance of a young man being brought to life after having been *frozen eleven months* on the Alps. It is said the warm blood of a living man was infused into the veins of the frozen youth, and he immediately thereafter moved and spoke. The experiment was afterwards tried on a hare frozen for the purpose, and similar results followed (with the exception, we presume, of the hare not speaking!). The story may be partially true, and it can be perceived how easily the condition and results of the case may have been magnified. Such instances are frequent. It is quite common for people to tell of certain doctors taking out the eyes of a patient and laying them on the cheek, while they are doing some remarkable operation upon them. Others will swear that they saw a doctor put a piece of silver in the skull after the removal of bone by the trephine. It is one of the inherent propensities of human nature to exaggerate exploits of this kind, and to believe in things which they are ignorant of, particularly if they savor of marvellousness.

Terrible Ravages of the Cholera.—Advices from Sicily furnish us with intelligence that the cholera was making frightful havoc at Messina, taking off from eight to eleven hundred a day. The disease, it is said, extends even to animals—mules, cats and dogs dropping dead in the streets. But the worst feature in the case as reported, is, that the physicians had become alarmed, and fled the city, so that the government were obliged to issue a proclamation calling for medical volunteers from the neighboring cities, and guaranteeing payment to them. The whole numbee of deaths at Palermo, up to the 26th of September, was 13,000, and at Messina 45,000.

Trial for Mal-Practice.—A writer in the Belknap Gazette, published at Meredith Bridge, N. H., gives a statement of facts in relation to a suit brought by Rufus Pike of Hebron, against Dr. Samuel H. Melcher of Groton, N. H., for mal-practice—damages being laid at \$3,000. The case was on trial before a board of referees in Plymouth, N. H. It seems that Mr. Pike was thrown from his sleigh in the spring of 1852, severely injuring his shoulder. Dr. Melcher was sent for, and found him suffering great pain in the region of the shoulder joint, and decided it to be a fracture of the socket, with a partial dislocation, and treated it as such. For five or six weeks the patient was doing well, and was having the use of his arm; but, from either too much use, or carelessness, the fractured parts not being sufficiently firm, gave way. Sometime after this, he called on three other physicians in the neighborhood, who examined it, and pronounced it a *case of dislocation into the axilla* or armpit, *which had never been put in place.* Thereupon, Mr. Pike commenced the suit. On the trial, the testimony of the three physicians alluded to was mainly relied on by the plaintiff. The defendant met the charge by the testimony of Drs. Henry G. Clark of Boston, Smalley of Lyme, and Kelley of Franklin, who had, previous to testifying, requested the privilege of making an examination of the injury. Dr. Clark stated the injury to be a fracture of the glenoid cavity or socket, with a displacement of the "*humerus*," and *not a dislocation*, as it *was not in the axilla*, fully sustaining the defendant in his opinion of the injury and treatment of it at the time of the accident. His testimony was so clear and convincing, which was also confirmed by Drs. Smalley and Kelley, that the plaintiff proposed at once *to abandon the suit.*

Pulmonary Emphysema.—Mons. P. Gallard, of Paris, the reporter of the Lectures of M. Valleix, which have been translated by Dr. Park and re-published in this Journal, has lately published a memoir on emphysema and other affections of the lungs. It was first printed in the "*Archives Générales de Médecine*," and is now issued in a pamphlet form. The following eight propositions are presented by the author as the conclusions to which his researches have led him:—

1. Pulmonary emphysema often exists alone, and its cause can be attributed only to former attacks of bronchitis, traces of which are very difficult to discover in autopsies.

2. All those affections which induce frequent bronchitis or habitual cough, *may* and *do* cause the development of emphysema.

3. It has not been proved that pneumonia and pleurisy, although severe, must necessarily be followed by the production of this lesion.

4. Pleurisy, on the contrary, when there is pleuritic effusion, causes the *temporary* disappearance of the emphysema pre-existent in the lung compressed by the effused liquid.

5. Chronic diseases of the lungs, those especially which are characterized by the appearance of an abnormal product in the tissue of the organ itself, as cancer, calcareous concretions, and especially tubercles, may be considered as a powerful cause of the emphysematous development of a certain number of vesicles.

6. Pulmonary emphysema does not exercise any influence over the development or growth of tubercles.

7. Emphysema and tubercles are nevertheless far from being antagonistic or incompatible, since the presence of tubercles in the lungs is sufficient to induce emphysema.

8. It is, therefore, very bad practice to attempt the cure of tuberculous disease by the artificial induction of emphysema, inasmuch as tubercles are not influenced by emphysema, and the latter is spontaneously developed in phthisis.

The Cholera of 1854 in Providence.—Dr. G. L. Collins, of Providence, R. I., publishes in the Daily Journal of that city, some interesting statistics relating to the cholera epidemic there the present year. We gather from his article, that the disease commenced on the 16th of May, eleven days earlier than in 1849. Nine fatal cases occurred during that month, four of them in the same filthy lane in which the disease broke out in the former year. In June there were 8 fatal cases. No more cases occurred till the 22d of July, but from that date to the end of the month there were 13 deaths. During August there were 110; and in September, in the latter half of which month the disease wholly disappeared, there were 18 deaths. The whole number of deaths was 158, being 1 greater than in 1849, in which year there were 2 deaths by cholera in October and 4 in November. The epidemics of the two years mentioned were very similar in the time of their greatest fatality, as well as in the number of cases and their locality. The average age of those dying in 1849 was 34 years 3 months; in 1854, 31 years 2 months. The average age, from deaths by all causes in that city, is about 22 years. The proportion of the sexes was 81 males and 77 females; married, 81; single, 77: of the latter, 15 were widows or widowers. No colored person was reported among the deaths by cholera this year; in 1849, 11. About three-fourths of the whole number were foreigners. During the months of July, August and September, besides the 140 deaths reported by cholera, there were 97 by dysentery and 54 by cholera infantum.

The Cholera in London.—The Journal of Oct. 25th contained the number of deaths by cholera in London, from the time of its re-appearance in July, to the week ending Sept. 23d. Since then, the fatal cases have been as follows:—Week ending Sept. 30th, 754; Oct. 7th, 411; Oct. 14th, 249; Oct. 21st, 163. The total number of deaths in the city during the last-named week, was 1321, which was 300 above the average for the last 10 years, allowing for increase of population.

Prize Essay.—The Medical Society of Virginia offer “a medal or some suitable testimonial not to exceed fifty dollars in value,” for the best essay on *Pneumonia*, presented to them before the 1st of March, 1855. Communications may be addressed to Dr. D. H. Tucker of Richmond, Dr. J. S. Davis of the University of Virginia, or J. J. Thweatt of Petersburg, the committee, and must be in the usual form.—*Philad. Med. News.*

Therapeutical Novelty.—Mr. A. I. Mathews, druggist, of this city, has sent us a specimen package of Dr. Clertan's "Perles d' Ether," a new preparation now in use in Paris. The ether pearls are simply four or five drops of pure ether inclosed in a capsule, which readily dissolves in the fluids of the stomach. The pearls are as large as a large pea, and are taken as pills. Their advantage is found in the accuracy of the dose, the freedom from unpleasant taste or odor, and the avoidance of all loss by evaporation. The volatile nature of ether renders its neat administration a somewhat difficult feat, and its effect consequently somewhat uncertain. All these objections seem to be overcome in the "Perles d' Ether."—*Buffalo Med. Journal*.

Medical Miscellany.—There are 241 students in the medical department of the University of Nashville, Tenn., being a large increase over the number in attendance last winter.—The present (seventh) annual session of the New England Female Medical College has commenced with a respectable number of pupils; among whom are a larger proportion of *young ladies* than heretofore. The prospect is, that intelligent females, who will take a thorough course of study in this College (and we understand it encourages no other), will be prepared for usefulness in the community, by the practice of their profession.—A Dr. Ray killed a man by the name of Gaffney in a duel, near Columbus, Ohio, a short time since.—There are thirty-eight students, fourteen of whom are *ladies*, attending the New York Hydropathic Institute.—The Institution for training nurses at St. John's House, Queen-square, Westminster, are sending out a number of trained nurses for the camp hospitals of the Crimea.—Dr. Isaac Hays, who has been one of the Surgeons of Wills Hospital, Philadelphia, ever since it was first opened, now more than twenty years, has resigned; and Dr. Adinell Hewson has been elected in his place.

ERRATUM.—In last week's Journal, p. 315, line 3, for "insufficient" read *inefficient*.

TO CORRESPONDENTS.—The following communications have been received:—Notes of a Post-mortem Examination; Case of Gun-shot Wound; On the Vital Endowments of Nerves; Reports of Cases from Huxham; Old and New Books.—A writer who calls himself "Sigma," is very severe, and probably not without reason, against the "unfledged Lycurguses" and the "Bombasteses" of the legal profession, as well as what he calls the "vipers," "jackalls" and "pigmies" in our own ranks, who have been concerned in some of the late trials for mal-practice, in different parts of the country. Perhaps he may sometime have an opportunity to carry his threat against the former into execution, and, as he says, "cleanse their vile bodies thoroughly with such remedies as our art affords"!

MARRIED.—In Hartford, Conn., Dr. Edward P. Nichols, of Newark, N. J., to Miss Mary E. Clark, of Hartford.—In Montpelier, Vt., Ezra Paine, M.D., to Miss Adeline B. Carver.—In West Cambridge, Richard L. Hodgdon, M.D., to Miss M. E. Wellington.

DIED.—In this city, Nov. 15th, Henry Oxnard, M.D., aged 34 years.—In Unity, Me., Nov. 4th, Hon. Rufus Burnham, M.D.; Dr. Alexander Boothby, 31.—In Dayton, Ohio, Dr. H. Van Tuyl, 49.—In Savannah, Geo., of yellow fever, Dr. Thomas M. Ellis and Dr. J. B. Saussy. Eight Physicians have died of the epidemic, the present season, in Savannah.

Deaths in Boston for the week ending Saturday noon, Nov. 13th, 53. Males, 36—females, 22. Accident, 2—asthma, 1—congestion of the brain, 1—consumption, 9—convulsions, 2—croup, 1—dysentery, 1—dropsy, 4—dropsy in the head, 2—infantile diseases, 2—puerperal, 4—typhoid fever, 3—scarlet fever, 1—hooping cough, 2—disease of the heart, 1—inflammation of the lungs, 4—disease of the liver, 3—suffocation, 2—smallpox, 5—teething, 2—thrush, 1—tumor, 1—unknown, 4.

Under 5 years, 17—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 11—above 60 years, 5. Born in the United States, 36—Ireland, 19—Sweden, 1—Italy, 1—British Provinces, 1.

Soda an Antidote for Snake Bite, and the Sting of Poisonous Insects.—A correspondent in the South writes us as follows:—"An article in the Memphis and Arkansas Christian Advocate, copied from the St. Louis Medical Journal, has just fallen under my notice; and among other things it is said that alcohol, if brought in contact with the venom of serpents, is to a certain extent an antidote. As every one is liable at some time or other to come in contact with, and be bitten by serpents, such facts as this article contains, are of general interest. I am, therefore, induced to send you the following statement, in hopes that if it possesses any value, it may be further tested.

"Some short time since, while in conversation with a friend, he informed me that bicarbonate of soda applied to the sting of a wasp, hornet, or bee, would immediately relieve the pain, and prevent swelling. I have tried the remedy in two instances, and in both cases with the best result.

"Some time since, I had a negro who was bitten by a snake, about dark: he did not, however, let me know it until the next morning: I then had the leg (which was much swollen) bathed in warm water, and soda applied to the wound, and in two days the pain and swelling both were entirely relieved. The soda should be moistened a little with water before being used."—*St. Louis Med. and Surg. Journal.*

The Dr. Robertson.—This is the title of a new steamer just finished here, and now on her first trip. The name it bears is a deserved compliment to Dr. Felix Robertson, President of our flourishing University. Dr. Robertson was the first white male child born in this city, has lived here ever since, and is therefore the oldest inhabitant. He has steadily maintained his position as head of the profession of medicine in his native State for half a century. When we were studying medicine, the names of great western and south-western physicians were placed before us to stimulate us to an energetic prosecution of our studies. Here is the list—Drake of Ohio, Dudley of Kentucky, Robertson of Tennessee, Fearn of Alabama, and Cartwright of Mississippi. All these gentlemen are still living except the first named. Let the decline of their memorable lives be strewn with flowers by their grateful brethren.—*Nashville Jour. of Med. and Surgery.*

Meeting of the Vermont Society of Dental Surgeons.—An adjourned meeting of the Vermont Society of Dental Surgeons was held at Montpelier on the 25th and 26th ult., at which a large number of the dentists of the State was present. The organization of the Society was completed by the adoption of a Constitution and By-Laws, and the election of officers.

An Address was delivered in the Free Church in the evening by Chapin A. Harris, M.D., D.D.S., President of the Baltimore Dental College, which was listened to with much interest by a large and intelligent audience.—*Vt. Watchman.*

Garcia of Alvarez on the Utility of Flowers of Spartum Scoparia in Anasarca.—Rayer recommended a trial of this remedy in albuminous nephritis, and the above author has found it very serviceable in general anasarca following this disease. The patient was a man, æt. 40, and the anasarca was completely removed, and the albuminuria cured, by the administration of an infusion of the flowers of this plant for a period of fourteen days.—*El Siglo. Medico., Feb., 1854.*

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ON THE VITAL ENDOWMENT OF NERVES.

[Continued from page 35.]

A FURTHER and somewhat singular confirmation of the view of the functions assigned to the anterior and posterior columns of the spinal cord, in the number of the Journal for August 9th, is derived from the following observations of Sir B. C. Brodie on injuries of that organ.

“The lower limbs are more frequently paralyzed than the upper, even when the lower part of the cervical spine has been injured. This circumstance is remarkable, as it is contrary to what happens when the functions of the spinal cord are interrupted in consequence of caries of the cervical vertebræ. In these last cases, the paralysis is often complete in the upper limbs for many weeks, or even months, before it extends to the lower. Paralysis of the upper limbs has been known to follow contusion of the dorsal vertebræ.”

These facts, which seem inexplicable on the common theory, are easily understood, when we consider that caries, affecting the bodies of the vertebræ, must involve the anterior columns some time before the posterior; whereas in injuries, the processes are usually the first to suffer fracture or dislocation, and the posterior columns which are most concerned in the movements of the lower extremities, being nearly contiguous, will soonest feel the effects, and will therefore be most likely to be disturbed in their function.

In No. 19 of Braithwaite's Retrospect is an account of a discussion before the London Medical and Chirurgical Society, in which Marshall Hall took part, relative to a case in which there was palsy confined to the arms. The doctor was evidently at fault in his explanation of the case, simply because there was not room for it in his philosophy. According to his ideas, it was “almost impossible to imagine disease of the spinal marrow so situated as to induce paraplegia of both superior extremities, without involving in its effects the parts situated below.” After what has been said above, it is unnecessary for me to enlarge upon such a case.

It is not difficult to understand how contractions of the muscles may take place when the anterior cords are irritated, and fail to be produced when the posterior are excited, without necessitating the conclusion or-

dinarily drawn from these facts. If we suppose the anterior cords to minister to those motions which are executed under the direction of the specific senses, and the posterior to be connected with general sensation and those motions performed under its direction, it is plain that the functional activity of the former is *never* exercised except in connection with muscular contraction. Whereas the same activity of the latter, being exercised for sensation as well, will often take place without such contraction. For the mind, after receiving the sensation, deliberates and decides whether it will contract the muscle or not. In the one case, an associative connection will be formed between the excitement of the nerve and the contraction of the muscle, which will have no place in the other. This associative connection may display itself on irritating the nerve, when separated from its centre by the contraction. We are not without facts to sustain this position. Irritation of the third nerve often fails to produce contraction of the iris, owing, as it is suggested by Longet, to its filaments having to pass through a ganglion; and when it does contract the iris, the contraction continues after the withdrawal of the stimulus, which is not the case with the contractions of the voluntary muscles simultaneously excited by stimulating the same nerve. This last fact is explicable, says Volkman, only by supposing the voluntary muscles to be excited directly through the nerves, while the iris is excited through the ophthalmic ganglion as a centre. Now what the ophthalmic ganglion is to the short branch of the third nerve, in the main, the ganglions on the posterior cords are to their connecting fibres with the spinal marrow. And it by no means follows, because it is difficult to excite contractions by irritating these fibres in a mangled dog, that they have nothing to do with muscular action.

That philosophy is questionable, which argues from the contraction of the muscle on irritating its nerve, to the regular and ordered movements of the body. Were the nerve stimulus the only one that excited the contractility of the muscle, it would be more plausible. But we find that galvanism, chemical and mechanical irritants, applied to the muscle, also excite it. Indeed, live muscle responds in no other way, than by contraction, to any stimulus whatever. It is easy to conceive of a trembling or vibration being communicated to the nerve, by mechanical irritation, and propagated down to the muscular fibres, where, by means of the peculiar blending of these fibres with the nervous, it is felt as though it was directly impressed upon it. The muscular contraction following, would then be an incidental effect of the mere mechanical properties of the nerve, and of the irritability of the muscle. The only fact thus left to us by which we infer the agency of the nerve in muscular contraction, is its being interposed between the muscle and the centre,* and we are left at liberty to inquire whether this interposition is to connect the muscle through that centre with other nerves, and through them with other muscles and organs of sense, or whether some unknown and inconceivable impulse is generated in the centre, which passes down the nerve to the muscle. The character of the contraction thus excited is

* Aside from this, there is as much reason to suppose that salts, acids, galvanism, &c., contract the muscles in our movements, as nervous influence.

spasmodic, irritative, while the action of the muscle in movements, involuntary as well as voluntary, comprehends both contraction and relaxation, and is one of control.

If it be said that mechanical irritation of a muscle through a nerve is followed by its contraction, it may be said, in reply, so are all irritations of the muscle. If it be said that the muscle contracts when stimulated through the nerve, it may be also said, in reply, that it always contracts on the application of stimuli. And what is more to the purpose, not only do individual muscles contract by other stimuli than that (if such exists) which comes through the nerves, but groups of muscles, which having had certain combinations in their contractions, formed, during life, while their connections with the nerves and nervous centres continued, have exhibited the same after death, before their irritability had subsided, and after separation from their nervous centres by division of the nerves. Are we, then, to suppose the existence of a double mechanism, by which (to say nothing of the peristaltic motions) the movements of the body are effected; one by the nerves and nervous centres, and another and ulterior one? And if this last, of necessity, *must be*, does it not follow that the first *must not be*? Undoubtedly, the muscular contractions and combined movements witnessed by McDowell and Brown Sequard, in their experiments, take place according to the same laws that govern all motions in the living body. And those who maintain the contrary, are imposed on by appearances, in the same way as those, who, from seeing the image on the retina, infer that it is what we perceive in vision, whereas it is the external object. Were it the picture, we should both see it double and in the inverted position. The role of the nervous system would then be to furnish certain facilities and conveniences for the execution of these laws, but not the essential conditions.

Another objection is founded on the fact of these experiments not being exact copies of physiological impressions. They are made on the cords of the nerves, while the impressions which in the natural state excite motions, are made on surfaces on which their peripheral extremities terminate. They are therefore at best of a second-hand nature, and correspond with what is called hearsay evidence in law, which, as all know, will not be admitted in a court of justice. We are, moreover, not without high authority for the assertion, that they are very imperfect copies of the originals. "It is to be observed," says Carpenter, "that a slight irritation applied to the peripheral extremities of the afferent nerves, is a more powerful excitor of reflex action than a much stronger impression, which occasions acute pain, applied to their trunks." And in some cases there is reason to suppose that in the former way they can be excited, while they cannot at all in the latter. Narcotics, while they act energetically on the surface to which the extremities are distributed, produce no such effect on the larger trunks. Neither do acids.

No one could be more alive to the imperfections of this kind of reasoning, than Sir Charles Bell himself. "In a foreign review of my former papers"—says he, in the one of June 19th, 1823—"the results have been considered as a further proof in favor of experiments. They are, on the contrary, deductions from anatomy; and I have had

recourse to experiments, not to form my own opinions, but to impress them on others. It must be my apology, that my utmost efforts of persuasion were lost, while I urged my statements on the grounds of anatomy alone. I have made few experiments; they have been simple and easily performed, and I hope are decisive." And again—"The whole history of medical literature proves, that no solid or permanent advantage is to be gained, either to medical or general science, by physiological experiments unconnected with anatomy." And still further—"Experiments have never been the means of discovery; and a survey of what has been attempted of late years in physiology will prove, that the opening of living animals has done more to perpetuate error, than to confirm the just views taken from the study of anatomy and natural motions." Thus far Sir Charles Bell. Dr. Carpenter differs from him a little, in laying more stress upon comparative anatomy. According to him, "it is only in fact by studying the cerebro-spinal apparatus in its lowest as well as in its highest form, and by bringing the intervening grades into comparison with both extremes, that it is possible to establish what are its fundamental and essential, and what its accessory parts; and in this way only, can such a correspondence be established between the development of a particular structure, and the manifestation of a certain psychical endowment, as may enable the *latter to be attributed with any degree of probability to the former*. In fact, there is no part of the human organism as to which the advantages of such a comparison are so striking, or in which the value of the 'experiments ready prepared for us by nature,' is so much above that of the results of artificial mutilations."

Here, then, is the testimony of both these distinguished writers against experiments. There was evidently a misgiving in the mind of each, that possibly hereafter the conclusions founded on them might not prove as solid as specious. Yet if any student of either should be questioned why he believes that the posterior nerves were for sensation and the anterior for motion, or that the cerebellum was for combining muscular motions, he would reply, "from the results of experiments" as given in the works of his master! But if experiments are not reliable, neither will their retreat to anatomy afford them greater security. Anatomy alone can merely suggest, by a difference in structure, that there might be a difference in function between two nerves or classes of nerves, but cannot tell in what that difference consists. Nor will comparative anatomy, by pointing out the correspondence between the development of a particular structure and the manifestation of a particular faculty, warrant us in referring this last "as a psychical endowment to the former." A dozen explanations might be afforded of this connection as plausible as this. What is wanted, is a correct psychology to be applied both to the results of experiments and to variations in the structure, origin and distribution of the nerves—a correct comparative psychology as well as human.

An illustration of the danger of trusting to anatomy exclusively, without the true key to guide us in interpreting its variations, is found in the celebrated "nervous circle between the muscle and the brain," of Sir

Charles Bell. He was led to this, by finding, *unexpectedly*, that a large portion of the fifth nerve terminated in muscles, which, as he demonstrated it to be a sensitive nerve, was somewhat of a puzzle. According to him, the fifth nerve sends more branches to the muscles, than to the skin; and what is more remarkable, sends more branches to the muscles than the seventh, which is a motor nerve, for all which he must invent a reason. Supposing the mind to be seated in the brain, and transmitting its influence down by the motor nerve, and the nerve having no power to transmit influences but in one direction (all of which are suppositions without proof), there was no road back, and as it was necessary for the mind to have a knowledge of the condition of the muscle, the fifth nerve was made the avenue for the communication of this knowledge. An apparently clumsy contrivance, in which the works of God appear to disadvantage, when compared with the works of man; for a messenger sent from place to place on a road made by human means, can generally return by the same way he went.

A simple explanation of these facts is afforded by the doctrine that the ganglionic portion of the fifth is a mixed nerve; that is, for touch, and the motions which the mind performs under the direction of touch. It is to be observed, in this connection, that the branches of the seventh are sent in the greatest proportion to the superficial muscles of the face; while the branches of the fifth are distributed in a similar proportion to the deep seated, especially to the muscles of mastication. The superficial muscles are most active in the movements of expression, which are associated with those of respiration; and the seventh nerve, though in man a nerve of volition, had originally its connections formed by virtue of this relation. But in mastication we are guided by the impressions made on the teeth, and on the whole internal surface of the mouth. In those acts expressed by the term biting, and when an animal seizes his prey, the visual are the guiding sensations. In the former, the nerves distributed to the muscles through the ganglionic portion of the fifth, are instrumental, inasmuch as they connect them with the sensitive surface on which the impressions are made, giving rise to the associated sensations. In the latter, the small branch of the fifth, or, as it is called, the motor, is instrumental, as it connects them, through the cerebrum, with the eye. This is in accordance with a principle maintained by Sir Charles Bell (see his "*Respiratory System of Nerves*"), as well as by Carpenter, who still maintains the idea of the nervous circle, which, however, is repudiated by Marshall Hall.

Having given this instance where Sir Charles's consistency in relying on anatomy alone, misled him, I shall give another, where Dr. Carpenter's inconsistency in not relying on comparative anatomy in opposition to "artificial mutilations," has placed him in a similar predicament. It has long been the prevailing opinion, from the fact that when the par vagum is cut above the origin of the inferior laryngeal nerves, suffocation frequently follows from spasmodic closure of the glottis, that the superior laryngeals had something to do with the constriction of that part. But lately, Dr. C., on the authority of Dr. J. Reid, a favorite experimenter with him, affirms that the superior is the excitator or afferent, while

the inferior is the motor nerve. Although it is found to connect with the crico thyroid muscle by his own admission, and with the arytenoid and inferior constrictor according to other dissectors, and even inosculates with the inferior laryngeal, yet it has nothing to do with muscular motion, but is a sensitive nerve.

The laryngismus, after cutting the recurrent nerves, is attributed to palsy. And some countenance to this opinion is supposed to be derived from the collapse of the glottis, in powerful suction through the windpipe in the dead body. The action, however, is evidently much more like that excited through a nerve, when the power of a balancing nerve (to use the common expression) is taken away. As, when the portio dura of one side is cut, there is little distortion at first, owing to the restraining power of the fifth; but when the muscles of respiration are called into exercise, as in speaking, laughing, &c., the distortion is very evident, owing to the muscles on the sound side not being balanced by those of the opposite. It is remarkable that laryngismus should be attributed to palsy of the recurrent nerves, when the cause has been irritative to those nerves; and when there *should have been* loss of voice, which must depend on that nerve—an event which did not happen in several cases of laryngismus stridulus which have been attributed to this cause, or, if it did, was not mentioned. It seems to me that the natural inference from Dr. Reid's experiments, is, that they were instituted for the purpose of compressing the superior laryngeals within the limits of the sensitive and motor theory.

An unprejudiced inquirer after truth, before grounding his faith on such manipulations, even with Dr. Carpenter's endorsement of Dr. Reid's accuracy, would be inclined to look at the "experiments ready prepared for us by nature," to see if they did not throw some light on the subject. Fortunately, there occurs a singular class of facts, in a lower tribe of animals, which bear on this very point. In birds, the larynx is placed at the bottom of the windpipe, and to it the inferior laryngeals are distributed. At the top of the windpipe is what corresponds to the superior laryngeal. As a matter of course, the inferior laryngeals are concerned in those motions which properly belong to the larynx, in association with the lungs, such as those connected with the voice, &c.; while at the top, provision is made to prevent the entrance of all irritating substances into the windpipe. The nerve found at this part, viz., the superior laryngeal, must minister to this function. It must therefore be both sensitive and motor. But when the larynx rises from the bottom to the top of the trachea, the muscular provisions for both these offices become blended. The inferior becomes the recurrent, and its branches inosculate with the superior, and supply some, at least, of the same muscles. But still the original function is performed through the same nerve; an illustration, in another form, of the above-mentioned principle of Bell, which has the sanction of Dr. Carpenter himself, as follows. Speaking of the accomplishment of acts of respiration and mastication by the same muscles, when supplied by different nerves, he attributes them to an original association with those nerves, while as yet, in the invertebrated class, all the parts were distinct, and thus proceeds: "Now in the vertebrata, the distinct

organs have been so far blended together, that the same muscles serve the purposes of both ; but the different sets of movements of these muscles are excited by different nerves ; and the effect of division of either nerve is to throw the muscle out of connection with the function to which that nerve previously rendered it subservient—as much as if the muscle were separated from the nervous system altogether.” All this is undoubtedly true ; but it has a more extended application than physiologists have hitherto supposed. Whenever a muscle has more than one nerve terminate in it, it is because the movements which that muscle takes part in performing were originally associated with more than one class of sensations. The union of the posterior and anterior nerves in the class of voluntary muscles, arises from the fact of the motions regulated by specific sensation being superimposed on those regulated by touch. The muscles being first developed with their nerves running between them and the surface of touch, were subsequently compelled to have established nerves running between them and the organs of the senses. But the motions originally associated with touch are still performed through the same association, and require the same medium. One of these classes of motions regulates the opening of the larynx ; and incidental to it are all those convulsive motions, whether dependent on irritation of the laryngeal surface or remote surfaces, and which play so important a part in croup, hooping cough, epilepsy, &c.

I believe it may be stated with confidence, that there is no proof, nor any thing like proof, in physiological experiments, as they now stand, of any influence, impulse, or whatever it may be called, generated in the brain, ganglion, or any other nervous centre, and passing down a nervous cord to a muscle to excite it to contraction in movements, voluntary or involuntary. Anatomy merely shows a connection between the muscles with each other on the one hand, and with the organs of the senses on the other. And when the physiologist bases his reasoning on any thing more than what may naturally be supposed to flow from the physical properties of the nerves, he argues from a baseless assumption.

Having, as I conceive, shown this in the present article, I shall, when treating of the propositions, show the utter absurdity of such an idea as the brain or any nervous centre generating these impulses, from the number, complexity of combination, variety and rapidity of changes in the muscles contracting in voluntary movements, and other considerations. But before concluding, I shall advert to another point, chiefly because one of very high authority has lent his influence (as I believe from inadvertence) to the support of this notion.

It is asserted by this class of physiologists, that because we are only conscious of the act of willing, before we perceive by external observation the movement of the body, all that intervenes is the result of the action of this automatic nervous mechanism on the muscles. Sir William Hamilton has analyzed the process, and takes for granted both the existence of the motor and sensitive influence between the muscles and the brain as necessary steps in it. In doing this, Sir William has evidently yielded his better judgment to what he considered as established points in physiology. For he says, “It might seem at first sight—1st, that

the organic movement is immediately determined by the enorganic volition ; and 2d, that we are immediately conscious of the organic nîs in itself." And again, he has repeatedly intimated in his work, his opinion that the doctrine of the mind being seated in the brain is an error, and expressed his conviction that it was in some mysterious manner present to all the organs, and actuating each in the performance of its function. Now if the mind is present to all the organs, and actuating each in the performance of its function, it must be present to the muscle and actuate it in contraction; for to contract is its function. And if so, what need is there of an influence sent from the brain along the nerve to the muscle to cause it to contract, or of another sent back to the brain from the muscle, to tell the mind when and how much it has contracted, when the seat of the mind is not in the brain? This very learned and acute author may rest assured that what seems true at first sight, is true at second sight ; and that there is no more ground for supposing these influences than there was in the time of Descartes for assuming the representative idea, a modification of the brain. And the period is not very distant when it will be regarded as an error of the same kind.

WATER, AS A THERAPEUTIC AGENT, AND AS A CAUSE OF DISEASE.

BY J. C. RUTHERFORD, M.D., BLACKSTONE, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

WATER, in its purity, is one of the greatest blessings bestowed upon mankind ; it is a part of ourselves, and enters largely into all animal and vegetable substance. We must have it for most of the purposes of life. In enters in a large proportion into the composition of the blood. Whatever it may hold in solution, must become a portion of that fluid, either for good or evil.

It is a fact that can be demonstrated, that water contains more of the elements of disease, than the air we breathe or the food we eat. This applies more particularly to the hot season. Any one who has examined the contents of a cistern or well, is aware of the strong stench of the water and dirt at the bottom. This stench is owing to the animal matters that settle at the bottom, and there form a mass of putrid carrion.

It is not necessary for me to state that rain, river and sea water contain an immense number of animalculi, that cannot be seen without the aid of the microscope. These are short lived, and from their great numbers form one fourth of the deposit in our wells, cisterns and beds of rivers.

In warm weather this mass undergoes decomposition, and hence the water is an essence of putrefaction. The less water there is in our wells, cisterns, &c. the more concentrated becomes this essence. If any one doubts this, let him go to any well or cistern, or, if he pleases, to the river, and he will find, particularly in the hot season, this foetid smell, even if the water is not agitated.

To say that such water is not injurious to the system, or that it is not

a cause of disease, would be as absurd as to say that putrid flesh and rotten vegetables are wholesome food. Of all the causes that are supposed to produce the cholera, dysentery, diarrhœa, cholera morbus, &c., this may be regarded as the chief. These diseases are most prevalent in hot and dry weather, and they are more or less virulent as the drought is or is not severe. Water we must have, as an element in the animal economy, and as a therapeutic agent; but as we often find it at this season, it is neither one nor the other.

It is allowed on all hands that the effluvia arising from decaying animal and vegetable matters is a great cause of cholera, and other diseases of the bowels. Now if this is a fact, how much more detrimental to health would be the taking into the system this poison in substance—or, in other words—drinking water holding more or less of this matter in solution? Yet we do this when we drink water from our wells and cisterns in the hot summer months. No constitution can endure this contamination a great while. Districts that are most favorable to the existence of intermittent fever, will be found to be those where the cholera shows its most virulent character. The localities most likely to produce these poisons, are low, moist, and fertile, with but little chance for drainage, either by art or nature. The moist and warm soil is favorable for the growth of vegetable matter and animalculi—generation after generation of which are produced and reproduced in one hot season. They have a brief existence, and die, forming a mass of putrid matter, to be dissolved in the pools, springs and streams; and that which remains upon the soil, to be dissolved by the dews of night, and as vapor to be wafted about by currents of air.

People who live in malarious districts, are cognizant of the fact that a hard frost puts an end to all danger from miasm for the season. Cold will destroy the poison of the most contagious disorders; and it must be that the frost destroys the effluvia from decomposing matters, and at the same time puts a stop to further decomposition. It is known that cold will put a decided check upon the cholera.

Now the natural inference to be drawn from these facts would be, that all the disorders that have been mentioned are caused by an animal poison that is dissolved in the water we drink, and in the damp air of the night. Another fact tending to establish this theory is, that nine-tenths of the attacks of cholera, dysentery, and other bowel complaints, occur in the night. Dampness seems to be an essential element for the rapid absorption of the poison, and hence the frequency of the attack in the night.

It has been said that water holding lime in solution is a great cause of bowel complaints; but this is not established. There are localities where the water is highly impregnated with lime, but where dysentery is comparatively rare, and the cholera never known. There are other localities where there is hardly a trace of lime, and where diseases of the bowels are the most prevalent disorder. Water which holds the most lime in solution contains the least animal matter.

The rapid decomposition of animal matter in water, can be demonstrated by taking a vessel of the purest well or cistern water that can be

obtained, and setting it where the sun can have full play upon it for a few hours, when you will have the same putrid smell and taste—but in a less degree—that is found in the bottom of our wells. Set water from the same fountain, in a place where the temperature is unfavorable for decomposition, and you will have no perceptible change in taste or smell.

How shall we make this element, that is so often a cause of disease, a harmless and useful article? As one means, it is the duty of physicians to enjoin upon the people the necessity of having every well, cistern, or spring, containing water used for domestic purposes, thoroughly cleansed at least once a year. This will make the water comparatively good. But for a beverage, and especially for the invalid, water should be boiled, as a great share of the impurities will then pass over in the vapor, and the more solid parts meet with a chemical change, which renders them inert. Thus it becomes a pleasant and harmless drink, and powerful auxiliary in the treatment of disease. This is a matter that calls for our most careful investigation and serious consideration.

A POST-MORTEM EXAMINATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE following are the post-mortem appearances of the body of Col. J. S. Tourtellott, of North Providence, R. I., æt. 43. The autopsy was made sixteen hours after death, by Dr. S. Clapp, at the request of the deceased. Notes were taken, as delivered by Dr. Clapp at the time.

External Appearance of the Body.—Expression of countenance, calm; eye-lids partly open; face bloated, discolored with livid spots; a small spot of ecchymosis on external angle of each cornea, the size of a very small pea; cornea tinged yellow; ears very livid. Cadaverous rigidity of limbs, the right side more than the left. Emaciation of neck and arms very apparent. Lower extremities very much swollen, anasarca; two excoriated surfaces, the size of palm of hand, on outer side of each ankle. Body posteriorly discolored with livid spots, anasarca, very much so about the loins. Scrotum enlarged to nearly the size of a pint bowl, from effusion in cellular tissue; the penis also anasarca. Dulness on percussion on under side of thorax, extending half way from spine to sternum and on lower half of abdomen.

Introduced trochar, and drew off 3 quarts of yellow serum from cavity of abdomen.

On opening abdomen, nothing unusual discovered about stomach and intestines; their position, size, form, attachments and peritoneal coat, normal.

The Liver.—Its position, in relation to other organs, natural; extent uncovered by the cartilages of ribs, measuring from point of ensiform cartilage on a line with pubis, 4 1-2 inches; from extreme point of cartilage on right side, 3 1-2 inches; weight and measurement not taken. On convex surface, near lower margin, puckered appearance; acute margin, hardened and irregular; color darker near the margin and over puckered surface; puckered surface slightly depressed; pits produced

by pressure. Capsule not easily detached from substance; cut surface very moist; greater amount of red substance than yellow; very great congestion; lower margin fragile and hardish; aspect of fractured surface much the same as is sometimes seen in the spleen; no calcareous matter, pus or morbid growth. Nothing abnormal detected in the veins. On concave surface, a small teat-like excrescence, nearly a quarter of an inch in length.

Gall Bladder distended with dark-looking bile. *Spleen* very fragile, tears very readily, very moist. *Kidneys*—both enlarged somewhat; capsule vascularity very great; thicker than natural; portion of cortical substance removed with capsule; deeper red than natural; appeared to be dependent upon vascularity. *Cut surface*.—Serous exudation flows from it freely; no abnormal growths or deposits. *Urinary bladder* empty.

Chest.—On raising the sternum it broke very easily.

Lungs.—*Examination in situ*. Position natural; adhesion of both right and left, the left adherent about the fourth and fifth rib, from the mediastinum to the spine, a band about the width of two fingers; lower portion of lungs collapsed on left and right sides below adhesions; the right lung firmly adherent at its apex, extending as low as the fifth rib, from sternum to spine; about one quart of serum removed from left cavity of pleura and about three pints from the right; irregular prominences over the anterior surface; anterior and superior part of both lungs crepitate; no crepitation in extreme lower portion of left lung posteriorly.

Substance of Lung.—Both lungs pit upon pressure, tear easily, and have a granular appearance.

Cut Surface of Lung.—A copious frothy fluid exudes from crepitating portion; a large amount of dark venous blood from non-crepitant portion of lung; swims with its upper surface on level with water. Bronchial tubes filled with red frothy mucus; no adventitious products, tuberculous or cretaceous; no cavities.

Heart.—On opening pericardium, about four ounces of serum escaped; position natural; relation to other organs and direction of axis, normal; nothing unusual noticed in shape.

Examination of Heart after Removal.—Blood from superior and inferior vena cava coagulated, pale straw-colored coagula. *Right Auricle*.—Foramen ovale closed. *Lining membrane*, smooth, perhaps slightly thickened. *Orifices* of vena cava, should think normal. *Muscular wall*, somewhat thickened. *Right auriculo-ventricular opening*; its shape, apparent diameter and size, normal. *Right ventricle*; yellow coagula from blood, attached slightly and interlaced among columnæ carneæ; size somewhat diminished. *Tricuspid flaps*, should say thickened. *Pulmonary opening*—water passes slowly through when poured into pulmonary artery; pulmonary valves not mentioned, supposed to be abnormal from the water passing through. *Left auricle* enlarged. *Auriculo-ventricular opening*, as appeared from auricle, turned inwards; ossified edges felt much like small teeth; it would be hardly possible to introduce an ordinary sized pocket knife blade through the opening; the opening about the thickness of such a knife blade; shape, that of a crescent; apparent

size of ossification, about one inch in length by three quarters in width; the thickness of septum between auricle and ventricle twice its natural size, should think. Mitral flaps incorporated with the ossification.

Aortic opening and valves, normal.

M. F. DELANO.

CASE OF GUN-SHOT WOUND.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you a hastily made report of a case, which is one of uncommon interest to me. If to you it is so, and in your opinion it would be to the profession in general, you will please give it a place in the pages of your Journal.

Yours most truly,

New Bedford, Nov. 17, 1854.

C. D. STICKNEY.

On Wednesday, the 7th of last June, Edwin James, of this city—a painter—was accidentally shot by a lad with one of Colt's revolvers. I was called to him soon after the accident occurred. I found him intensely excited, and with severe pain in his abdomen, where he had received the ball—which entered about three and one half inches downwards and outwards from the umbilicus. Immediately after having received the injury, he voided a small quantity of urine, which was slightly tinged with blood. He soon expressed a desire to urinate again, but found himself unable. With my catheter I drew off about two ounces more. Saw him again in the evening. He was very thirsty—surface was moist and warm—pulse 98. The pain in the wounded parts equally severe, with some tenderness of the abdomen when pressed upon. Still unable to urinate spontaneously. Again drew off about the same quantity of urine, which did not contain any blood.

Thursday morning. Has passed a disturbed night—no quiet sleep. Has vomited several times—is very thirsty. Tongue dry and coated. Skin dry and hot. Pulse 110. Tenderness of abdomen has increased. Has passed urine several times, which was scanty in quantity—high colored and offensive. Saw him several times in course of the day. Has been delirious at times. No material change in symptoms in other respects.

Friday morning. Has had about two hours refreshing sleep. Pain in abdomen now dull in character, instead of sharp and lancinating. Considerable tenderness of injured parts when pressed upon. Less thirst; surface dry, but not as hot as yesterday. Pulse 100. Tongue still dry and furred.

The treatment consisted mainly in keeping him as still as possible. In course of the night (Friday), feeling that he was quite out of harm's way, he insisted upon getting up; and in the presence of the one who had the care of him—when in the act of urinating—the bullet passed with the water into the vessel, causing him but little suffering.

I have only detailed the symptoms, and intentionally omitted the treatment, with the belief that it would not add to the interesting features of the case. His unpleasant symptoms now commenced gradually to subside, and in a short time he was discharged as cured. I saw him, not

long since, when he told me that he felt as well as ever, and was able to perform as much labor as before the misfortune happened. The friends of Mr. James, and indeed many of my brother physicians, were slow to believe that the ball could have passed him in this way. Dr. L. Bartlett, of this city, who saw him several times in consultation with me, I am sure will confirm the above-mentioned facts in the case.

OLD BOOKS—AND NEW BOOKS.

[Communicated for the Boston Medical and Surgical Journal.]

WILL Young Physic have the courtesy to practise a little continence, while an Old Foggy refreshes himself with the utterance of a little enthusiasm, consequent on his accidental stumbling on an old English Medical Book; an unpretending, worm-eaten duodecimo of some 280 pages—"An Essay on Fevers, by John Huxham, M.D., F.R.S.," and printed in London in 1750. I had read the book lazily in my youth, for it belonged to my father's medical library; but though it ultimately fell into my own hands, it was forgotten, and perhaps I should never have been blest with the refreshment of its graphic pages but for the fact that Young Physic had wrought absolute *erethism* on my Fogyskip, with his boasted *progress*. There was no rest till I had emptied my stinted purse on the counter of my good *Friends*, the Messrs. Woods, of New York, and received my *quid pro quo* in the shape of a goodly package of modern medical books—such as the *savans* told me were of the right sort. Now, if you please, gentle reader of the Journal—don't be premature. I'm not going to eulogize good old John Huxham at the expense of my new books. Though I have dallied with them, I've not *read* them. In removing *old* books from my little nook of a library, to make room for *new*, my eye was fascinated with the aforesaid rib-backed duodecimo; and I discourteously suffered Young Physic to lie in the dust at my feet, while I mounted a stool, and treated myself to a long revel in the glowing pages of "Huxham on Fevers." In the fulness of my heart, I could not refrain from exhibiting my treasure to my honored patroness, Mrs. Taffety, who never fails to approve my taste in matters of sarcenet and science—and I was delighted to hear her exclaim, "What a *love* of a book!"

Seriously, in the words which Huxham himself applies to Hippocrates, "I will not take it upon me to say that one cannot be a good physician without consulting that great oracle of physic" (Huxham), "and reading the ancients, but this let me say, he will make a much better physician for so doing." How winningly he finds the way to his reader's confidence, by proposing to show him "his way of thinking and acting, as to fevers in general," and to give us the "true picture and naked truth of things"! How eloquently he deprecates "vain hypothesis—the love of novelty—the fashion and faction of physic"! His very preface abounds in riches for the practical physician. "He should select a few of each sort (medicines) for his use, and not run into the immense farra-go which some are so fond of. By so doing he will soon learn their real virtues and effects, and distinguish between the symptoms of disease and

those caused by medicine." "Not only the physic, but the *diet* and the *drink* of the sick should be prudently *regulated*." For the benefit of the opponents of the Maine Law, let me transcribe the following. "Nothing so effectually carries off the ill consequences of a *drunken-bout*, as keeping warm, and lying long in bed, *to soak it out*, as they call it."

But although honest John Huxham (intelligent as honest) begins by deprecating hypothesis, it is consoling to find him a little subject to the common infirmity—for what mortal doctor ever succeeded in talking five consecutive minutes on the nature and cure of disease, especially of fever, without falling into a bottomless pit—without *theorizing*? His first chapter, on Inflammatory Fevers, no less than those which follow, abounds in *lensors* and *acrimonies* in sufficient abundance to show that even Huxham could sometimes wander from "the naked truth of things" to some very palpable *assumptions*—to some *apochryphal facts*, touching the relations of certain real or supposed conditions of the blood, to that transcendental embodiment that we call *Fever*. Nevertheless, the good and the true in Huxham do so preponderate; he is not only so hearty in his purpose, but so successful in giving us a "true picture" of the fevers which many, perhaps most of us have seen, that we cannot withhold our confidence in the wisdom of his suggestions in regard to their management.

Of the propriety of purging, in what he calls *putrid malignant fever*, he says, "This gentle method of purging (by manna, cream of tartar, or the like) in these fevers, I have for many years found of very great advantage; but I protest against the *aloetic*, *scammoniate*, *colloquintida purgers*; which in such a putrid, dissolved, acrimonious state of the blood, are poisons, not medicines: and whoever uses them in such a case, should have the guts of his brains purged, if he hath any."

Is the doctor right in the following? After commending vegetable and mineral acids in putrid fevers, he says, "I am sure that the use of *volatile alcalious salts* and *spirits* is very hurtful, as they without all doubt augment the putrescent state of the humors, and act as so many *spurrers* on to swifter destruction. A very large use of them, *without* the aid of contagion, is found to bring on a corruption and dissolution of the blood, in such kind of fevers, even in the most healthy. Perhaps the pestilential *miasmata* themselves are only highly volatilized and subtilized animal salts." He objects also to blisters, on the ground that the *cantharides* contain *salts* which operate in the same manner as "*the volatile alkali salts*, promoting dissolution, and consequent putrefaction of the blood.

There is a brief statement of a case on page 255, in his chapter on *pleurisies*, in which he gave his patient "seven grains of *solid laudanum*, besides two or three ounces of *diacodium*, in the short space of twenty-four hours," with success; which I commend to the notice of Prof. A. Clark, of New York, if he has not already observed it. Is it in accordance with his own views of the treatment appropriate in some (or all) of the forms of inflammation?

But the practical value of the book can only be appreciated by quietly reading the whole of it. So I forego any further quotation, except to transcribe the unique, instructive and intensely interesting reports of *two*

of the doctor's cases, which the Editors will insert, or decline, at their discretion.

As I have confessed to a little dalliance with my *new* books, perhaps it is no more than the *amende honorable* to confess I could not well do without them. "Bartlett on the Fevers of the United States" is among the number, a copy of which should be in the hands of every medical man in the country. The first thought which occurs to an Old Foggy, on looking through its pages, is, what a God-send such a book would have been in the days of our apprenticeship! What toil and agony it would have saved us, in our vain attempts to peer through the *fog*, which, forsooth, our teachers no doubt thought was transparent to themselves, but which, nevertheless, was the blackness of darkness to us. For long, long years we kept looking for light, but light came not; till after years of fruitless scrubbing on our own mental optics, which could not, or would not *see* a non-entity, the dawn was slowly revealed, and lo! the fog-bank was before us, in all its naked verity; its absolute *opacity* demonstrated and acknowledged.

Hypothesis has been the great draw-back to real advancement in medicine; but, with all respect to the "Fathers," the present century, indeed, the second quarter of the present, has done, and the third will do more for medicine, than has been accomplished for ages. Hypothesis, to be good for any thing, must change its relations, in the *structure* which medical science proposes; must *reverse* its position, and become the *superstructure*—or rather, legitimate *induction* must take its place, and this must rest, of necessity, on the basis of *rigid facts*. "A building, fitly framed together, and *growing* into a temple," must have "a foundation," and though the "chief corner" may not yet have been discovered, there are at this moment hundreds of able explorers in the field, in our own country, no less than in Europe, who are quietly, unobtrusively and diligently laboring in the various branches of medical science, with all the important aids that the advanced state of *general* science and art have furnished for their work. They are *mining* the *fog-bank* for the *facts* that flippant hypothesis fancied were to be found on the surface. Such men are true benefactors to their race.

I may as well make a *clean breast* of it, and explain the origin of this buzzing farrago about *old* books and *new*, which is whirling in my head, and seeking vent, as usual, through the pages of the Journal. The fact is, Young Physic was beginning to bother me with *terms* and *phrases* that I could n't quite comprehend. So, I resolved to be up with him, and see a little of the world myself; and forthwith made my way to Boston, and thence to New York; the country mouse, to see the city lions of the profession. Was n't it amusing to observe how gently they took him up with their great shaggy paws; and how close they kept their claws, lest mousey should get a scratch; and how kindly they patted him, and called him a clever mouse! Should the lions ever get caught in a net, would n't I gnaw its threads for them right heartily? Meanwhile I looked over medical colleges, and hospitals, and medical bookstores, and surgical-instrument shops, and medicine shops, and-so-forth—to my heart's content; and is n't it wonderful! the modern facili-

ties, enabling a diligent and right-minded doctor to furnish himself for all "the ills that flesh is heir to!" I'm sorry to say it—it didn't take long to find the bottom of my *purse*—and then I crept back to my nest of straw; and when I go to see the lions again, won't I take the prophylactic precaution to elongate my purse?

LAMOILLE.

November, 1854.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 29, 1854.

Human Teeth.—A treatise with the following title, which will be of some considerable interest to dentists, is lying upon our table:—"The Anatomy, Physiology and Pathology of the Human Teeth; with the most approved methods of Treatment, including operations, and the method of making and setting Artificial Teeth; with thirty plates. By Paul B. Goddard, M.D., &c., aided in the practical part by Joseph E. Parker, Dentist." It is from the publishing house of S. S. & W. Wood, 261 Pearl street, New York, who maintain a high reputation for good taste in the style and finish of their works. Besides being a quarto of ample dimensions, the illustrations are both numerous and truthful, and add exceedingly to the value of a production of this kind, as descriptions of the parts concerned are better understood when the eye has something to rest upon.

This Journal took a decided stand, long since, in saying and maintaining that the dentists of the United States were unsurpassed, as operators; and in regard to the literature of the science and art combined, they are the authority of the age. In looking over the fair pages of this new work, we see fresh evidence of the truth of our assertion. Although it contains no very strikingly new things, there are in it an abundance of facts and intimations which are indispensable, and must necessarily be familiar to the practising dentist before he can be an accomplished as well as thoroughly taught operating dental surgeon. Practical instruction is the thing in demand. The age is so distinctly utilitarian in its character, that no other treatises than those which describe what is to be done, and how to do it, under certain conditions of the patient, are much in request. The appetite for theoretical speculations in this department, as in practical medicine, has much diminished. In Dr. G.'s book there is a natural division of the subject into six parts, all of which is well written, and unmistakably correct in detail. The author is not a new comer into the field of authorship; on the contrary, the reputation he already enjoys must exert an influence for the advantage of this last of his bibliographical efforts. Wishing the enterprise all the success due to merit, and believing that the brotherhood of the dental art are essentially benefited by every such addition made to their libraries, we commend the work to the favorable regard of the profession.

Dentistry in France.—The Paris Correspondent of the New York Daily Times, under date of Nov. 2, 1854, thus writes:—"The refinements of the dental art are but little understood on the Continent, as you may learn from the following remark, made by a teacher of languages, upon noticing a filling in a pupil's tooth: 'Why, he's gilt the outside, hasn't he?' She sup-

posed the inside was lead. Natural enough, too, for the very word which signifies to fill, *plomber*, means to plumb. Therefore, until the Americans sent out Brewster, Evans, Fowler, and Horner, dentists held the rank of plumbers. Brewster has retired with a fortune; Evans and his brother turn over \$30,000 a year; Horner has a salary of \$10,000 from his senior partner, Stevens, from England; Fowler is just beginning, the youngest man of them all, and the latest from America, where all the improvements are made. He has every chance of immediate and sustained success."

Dublin Dissector.—It is late in the day to utter a syllable for or against a book, which every student of anatomy has had, or ought to have had, as a guide in the course of his pupilage. To be sure there are older books in the world than the Dublin Dissector, but very few, if any, systems of dissection which are superior. For many years, such has been its reputation that it has seemed like an old friend, and every one has been glad to see it, from time to time, in successive editions. This last edition appears rejuvenated, and made eminently serviceable to the student, under the accurate revision of Robert Watts, Jr., M.D., Professor of Anatomy in the College of Physicians and Surgeons of the City of New York, and is from the press of Messrs. S. S. & W. Wood. One of the excellencies of the book consists in the plain statements of the author, and the distinct ideas conveyed thereby to the mind of a new beginner. In short, the amount of useful instruction concentrated by the genius of Dr. Harrison, the author, and the accuracy with which he defines the parts rising to view under the knife, gave a value to the Dublin Dissector in the beginning, that will never be undervalued while systematic anatomy is as thoroughly taught as it should be. Copies may be had at Ticknor & Co.'s, in Boston, and in all the principal cities.

Physician's Pocket Medicine Case.—Messrs. B. S. Codman & Co., dealers in surgical instruments, No. 57 Tremont street, have lately got up a very neat and convenient pocket medicine case for the use of physicians. It contains twenty small vials, sufficient in size and number (if they are filled with the right kind of medicine), for the treatment of most of the acute diseases which a physician is liable to be hurriedly called upon to prescribe for. We think this pocket case will commend itself to physicians of all *isms* and *pathies* (excepting, of course, our hydropathic friends), and it affords us pleasure to recommend it to the profession.

Improvement in the Magneto-Electric Battery.—Dr. Calvin Carpenter, Jr., of Providence, R. I., claims to have made a discovery in the arrangement of the Magneto-Electric Battery, which it is said promises to be of great utility in its application to telegraphing, and also to electrotyping purposes. His plan is to combine the elements of several machines in such a manner as to embody, in one, any power that may be desired, and in a continuous and uniform current, which we believe has never before been fully accomplished. We should be pleased to learn further particulars relating to the discovery. We also learn that it has been demonstrated, upon one of the telegraph lines, that communications can be made to pass through the wires in opposite directions, at one and the same time. If this be true, it is really a very important discovery, both to science and the public generally.

Berkshire Medical Institution.—We learn from the "Pittsfield Sun," that the annual commencement of this Institution took place on Tuesday, the 21st inst. A numerous and intelligent audience were attracted to witness the exercises of the occasion, which consisted in the reading and defending of theses by the graduating class; the conferring of degrees by the President, Dr. H. H. Childs; and the delivery of an address by Dr. Charles A. Lee. The subject presented by Dr. Lee, was "The elements of character necessary for professional success," and, as we learn, it "was discussed in a masterly way." The class of graduates, in their examination for degrees, acquitted themselves with unusual honor, and we doubt not their future professional success will manifest the excellent training they have received in this prosperous institution.

A Somnambulist — Dangerous Leap.—The "New Bedford Mercury" says, that on "Monday night last, a boy, about fifteen years old, son of Daniel B. Croucher, residing on Bonney street, while in a fit of somnambulism, sprang through a pane of glass, and fell a distance of twenty feet, narrowly escaping the loss of his life. He was dreaming at the time it occurred that the house was on fire, and that he could not possibly effect his escape in any other manner than described above. Fortunately he was but slightly injured. The most singular part of all was, that in his flight he broke but one pane of glass, measuring nine by thirteen inches."

Massachusetts Charitable Eye and Ear Infirmary.—The daily newspapers furnish us with the intelligence, that a Report of the condition of this Institution, and its doings for the past year, has been published; but as we are not in receipt of a copy, we are unable to lay before our readers even a list of the present officers.

Prof. C. P. Johnson, of Virginia.—Among the missing passengers on board the lost steamer Arctic, was Carter P. Johnson, M.D., Professor of Anatomy in the Medical College of Virginia. The last number of the Virginia Medical and Surgical Journal contains a brief notice of his visit to Europe and his departure for home, and pays a feeling tribute to his memory. We copy a few paragraphs.

"We heard of him often during his absence, his meetings with Brodie and the English celebrities, and then his visits to Paris. His long cherished wish was fulfilled, and his time was too short to enable him to complete his intended tour; so short that instead of sailing on the 20th of September so as to be in his place at the opening of the College in which he held a chair, he determined to remain one week longer, carry out all his plans, and return well content to his home. But as the time approached, that unswerving conscientiousness which formed so large a part of our friend's character, overcame his determination. It was *his duty* to be in place when the College session commenced, and to that duty he sacrificed his pleasure, his life. He sailed in the steamer Arctic *for home*.—His friends still cling, like the shipwrecked mariner, to any hope. "He may be in one of the boats. He may yet be saved." We know the man too well. *He never left the ship.* When woman cried for help, he sought not safety for himself; and when the ill-fated vessel sunk, with all its precious freight on board, he met his death with the same composure which marked his course through

life, and the briny wave closed that day on no truer, nobler spirit than Carter Page Johnson. Thus at the early age of 33, has our friend passed away, stricken down just when he had reached his greatest term of usefulness. With a mind not brilliant nor showy, but sound, well-balanced and correct, Dr. Johnson has been from early boyhood the patient student, the steady seeker after knowledge. He took A. M. at the University; he became one of the first graduates of the Medical College of this city; then its Demonstrator, and eventually was selected to fill the chair of Anatomy and Physiology, vacated by the resignation of Professor Wyman, now of Cambridge."

Female Paupers.—A parliamentary paper recently printed states that on the last day of the last week in the quarter ending at Lady-day, 1854, there were 21,673 aged and infirm women in the workhouses in England and Wales, and 13,893 able-bodied women. Of these latter, 5855 were of good character, 1904 of dissolute and abandoned character, and 3593 were mothers of illegitimate children, but were not of dissolute or abandoned habits.—*London Lancet.*

Medical Miscellany.—Dr. Wm. Turk, the oldest surgeon connected with the United States Army, recently died at Newark, N. J., at the age of 77 years.—For some time the hospital connected with the State Prison at Charlestown has been without an occupant, although there are nearly five hundred inmates in the prison.—Our city continues quite healthy, but several cases of smallpox and varioloid are reported.—Dr. Rossiter, of Savannah, Geo., has been arrested on charge of having been concerned in the death of a Mr. Hiltzheim, in connection with the wife of the deceased.

ERRATUM.—Page 331, 9th line from the bottom, for "disorder" read *disorders*.

PAMPHLETS RECEIVED.—The annual announcement of the course of lectures of the Vermont Medical College at Woodstock, for the year 1855.—The "Monthly Jubilee," a journal published by the "*daughters and sons of toil*," and containing evidence of much industry and originality, but many very singular and novel sentiments.—*Insanity in Italy.* By John M. Galt, M.D., Superintendent and Physician of the Eastern Asylum of Virginia.—*Biographical Sketch of the Medical Profession of Broome County*; read before the Broome County (N. Y.) Medical Society, at its annual meeting, October, 1851, by S. H. French, M.D., President of the Society.—The third annual report of the Boston Provident Association.

MARRIED.—In this city, Dr. Charles E. Ware to Miss E. C. Lee.—In Charlestown, Dr. Cyrus T. Lang to Miss Alice M. Abbott.—In Clyde, Wayne Co., N. Y., Washington G. Elliot, M.D., to Miss Melinda C. Jones.

DIED.—At Hollis, N. H., Wm. Hale, M.D., 92.—At Corpus Christi, Texas, Dr. Turner, surgeon in the United States Army.—Dr. Win. Turk, the oldest surgeon in the U. S. Navy.—On board Plymouth Rock, on her passage from Detroit to Buffalo, Dr. S. S. Nichols, of Lavaca, Texas, a native of Vermont.

Deaths in Boston for the week ending Saturday noon, Nov 25th, 61. Males, 34—females, 27. Apoplexy, 1— inflammation of the bowels, 1—disease of the brain, 1—consumption, 14—convulsions, 5—croup, 1—cancer, 1—dysentery, 1—diarrhoea, 1—dropsy, 2—dropsy in the head, 1—drowned, 1—debility, 1—infantile diseases, 4—puerperal, 1—erysipelas, 1—typhoid fever, 1—typhus fever, 3—scarlet fever, 1—hooping cough, 3—disease of the heart, 3—homicide, 1—intemperance, 1—influenza, 1— inflammation of the lungs, 3—congestion of the lungs, 1—measles, 1—smallpox, 2—teething, 1—ulcer in the stomach, 1.

Under 5 years, 21—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 10—above 60 years, 6. Born in the United States, 36—British Provinces, 2—Ireland, 17—Scotland, 2—Germany, 3—unknown, 1.

Effects of Fright on the Unborn Fetus.—A writer in the London Lancet says—"I happened, the other day, to meet with a most extraordinary account given by Baron Percy, an eminent French military surgeon and professor, said to have occurred after the siege of Landau, in 1793. If true, it is a most interesting fact, and one well worthy of deep investigation. He says, that 'in addition to a violent cannonading, which kept the women for some time in a constant state of alarm, the arsenal blew up with a terrific explosion, which few could listen to with unshaken nerves.' Out of ninety-two children born in the district within a few months afterwards, he states, that 'sixteen died at the instant of birth; thirty-three languished for from eight to ten months, and then died; eight became idiotic, and died before the age of five years; and two came into the world with numerous fractures of the bones of the limbs, caused by the convulsive starts in the mother, excited by the cannonading and explosion!'

"Here, then, is a total of nearly two out of three actually killed through the medium of the mother's alarm, and its natural consequence upon her own organization."

These facts, if such, are indeed interesting; and it is hoped the profession will improve every opportunity of testing the truth of them.

Supply of Nurses for the Sick—The Epidemiological Society and the Board of Health.—A deputation of a committee of the Epidemiological Society, appointed to consider a scheme for supplying the laboring classes with nurses in epidemic and other sickness, waited upon Sir Benj. Hall, the president of the Board of Health, on Friday, Oct. 6th, for the purpose of explaining their views and the plan proposed by the committee. Dr. Babington, the president of the Epidemiological Society, introduced the deputation, which was attended by the following gentlemen:—Dr. Sibson, Mr. Grainger, Dr. McWilliam, Dr. Milroy, Dr. Hare, Dr. Carlile, Dr. Snow, Mr. Aldrich, Mr. Tucker, and Dr. Sieveking. Dr. Babington stated the general object of the committee, and called upon Dr. Sieveking, as one of the secretaries, to give a more detailed account of their proceedings. Dr. Sieveking explained the arguments upon which the proposition to supply nurses to the laboring classes on a national scale was based, and showed that it was desirable that some measure by which it could be done should be carried, on medical, on sanitary, and on politico-economical grounds. He briefly alluded to the plan suggested by the committee, according to which the workhouse infirmaries should be made available for training females admitted into the workhouse as nurses. Sir Benjamin Hall highly approved of the proposition, and advised the committee what steps to take in order to secure the further consideration of the Board of Health for the plan. After a few words from Dr. Sibson and Mr. Grainger in support of the views advocated by the committee, the deputation withdrew.—*London Lancet.*

Lectures before the Deaf and Dumb.—The first of the series of monthly lectures before the deaf mutes of this city, was delivered last evening in St. Ann's Church, New York University, by Professor Isaac L. Peet, of the New York Institution for the Deaf and Dumb. The subject selected was "Self-Education." There was a numerous attendance on the occasion—the fact evincing a growing interest among that class for intellectual improvement.—*N. Y. Daily Times, Nov. 23d.*

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DETAILS OF A CASE OF CHOLERA.

BY EDWARD JENNER COXE, M.D., NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

IN a preceding number, Sept. 27th, 1854, I offered some practical remarks upon what I considered a successful plan of treating the severe or even the collapsed stages of cholera, believing it to possess a more uniformly curative power over that insidious disease than any other of the many plans generally adopted. In those remarks I did not append cases in corroboration, which, although not indispensable, are generally thought to increase the interest, if not the value, of any proposed plan of treatment. Within the last few days, the sudden illness of a Mr. H. affords me an opportunity of recording the particulars of a strongly-marked and well-developed case of cholera Asiatica, if that term be necessary for the disease at this time. Let me premise by remarking that I lay no claim to originality or novelty as regards the administration of an emetic, simply as such, in cholera; for, as is well known, from an early period such has been strongly commended, not only in this disease, but in many others; and a reference to the recorded observations of many, eminent in our profession, will show in what estimation they hold them. Although a digression from the main subject, I may here say that I question very much whether the unpopularity or unfashionableness of emetics in many diseases, at the present day, has not deprived us of a certain and efficient means of overcoming the *principia morbi*, and thereby diminished the power of effecting more speedy cures. The principal object in directing attention to the subject and case, is to endeavor to establish the adaptation of the particular emetic to the disease, or the indications presented, especially in the worst stages, and also to claim for it the almost uniformly certain power of changing the asphyxiated condition attending a collapse into one eminently curable by ordinary appropriate remedies.

On Thursday, Oct. 12th, 8½, A.M., I was requested to call immediately to see Mr. H., supposed to be attacked by cholera. In a short time I was at the bedside, when I found that mustard poultices had been applied, repeated doses of laudanum and brandy given, with continued friction to the cramped limbs, but without effect. The condition of

the patient was as follows. The pulse scarcely perceptible ; the whole body of a dark livid color, and, as well as the feet and hands, bedewed with a cold perspiration. The face presented a death-like expression ; the eyes sunk in their sockets, with a black circle surrounding them. A general sensation of coldness ; the voice scarcely audible ; the breath and tongue cold ; violent cramps in the legs ; frequent vomiting and purging ; great thirst, with a painful, hot sensation in the stomach. He had not been well for a few days, and had taken, two days previously, a Seidlitz powder, which operated very profusely. He went to bed at an early hour the preceding evening, and rested well until 4, A.M., when the disease set in and progressed with rapidity. I considered the case very severe and unpromising, and felt great doubts of being able to effect a cure by any means. I had taken a package of the cholera remedy with me, and gave him two pills, with one teaspoonful of the syrup ; had the rubbing continued, and at short intervals repeated the pills and syrup without any apparent effect. The symptoms becoming more unfavorable, vomiting and purging continuing, the cramps increasing, and the medicine being thrown off, it was evident that the system was so powerfully prostrated, the *vis vitæ* so nearly extinct, that the administration of ordinary medicine, however powerful, could scarcely be expected to produce any great benefit. It appeared to me very doubtful whether even the perturbing and stimulating emetic would act, or could afford relief by arousing the vital energies, as on that all rested. A few minutes deliberation satisfied me that nothing else could be depended upon, and I accordingly went to the nearest drug-store, and without taking time to weigh quantities, procured cayenne pepper, ginger, mustard and salt, in what I thought sufficient proportions. Upon my return, I mixed all with three or four large tumblerfuls of water, unfortunately not hot, scarcely tepid ; two tumblerfuls were swallowed in rapid succession, and shortly thrown off without straining, and no appearance of the usual and anticipated salutary results. Two more were shortly swallowed, with similar results. I was disappointed and surprised, the more so as the patient positively refused to take any more. After considerable persuasion, and a threat to leave unless obeyed, he consented to try it again, when I added two teaspoonfuls of cayenne to what remained, and some hot water which was now ready. This was swallowed and remained down several minutes, when vomiting occurred, accompanied by more straining, but without any sensible general effect as to re-action, as far as the heat of skin and pulse were concerned. The only real apparent effect was an almost immediate and entire removal of the cramps, which had continued until the vomiting from this emetic occurred. In the space of ten or fifteen minutes the involuntary vomiting and purging ceased.

Finding him to remain *in statu quo* for half an hour, being quiet and more comfortable, I left for an hour, leaving a mixture of two teaspoonfuls of the cholera syrup, with four teaspoonfuls of brandy and water each, one teaspoonful to be given every fifteen minutes, and small pieces of ice as frequently as desired.

At the expiration of two hours, on my return, I was gratified to find

him rather improved, the skin being warmer and the pulse more distinct. Once during my absence he had vomited a little ; bowels had not been moved, and no appearance of cramps, which last did not once return during the remainder of his illness. His only complaint was of a severe pain in his left breast, for which a mustard plaster was applied. Ordered medicine to be stopped, as I considered re-action had manifested itself ; to continue the ice in small pieces when desired, and to give sago jelly with a little brandy, in teaspoonful or two doses at short intervals. I also directed the abdomen to be covered with several thicknesses of towelling wrung out of hot water and covered with flannels, to be renewed should it feel cool.

Half past 1.—A decided improvement. Pulse fuller and stronger ; skin much warmer, with a warm perspiration. The bowels had been opened several times ; discharges watery, filled with floating flocculi. Gave a pill and one teaspoonful of the diluted syrup, and ordered mild nourishment in small quantity every fifteen or twenty minutes.

Half past 4.—The improvement still more manifest ; bowels are rather too loose. Continue nourishment, ice, and a little well-made toast water occasionally, if agreeable.

Eight, P.M.—Doing very well, though the bowels are too frequently open, but as neither cramps nor vomiting exist, and all other symptoms are favorable, do not feel disposed to interpose stronger astringents, either by the mouth or rectum, for fear of exciting cerebral symptoms. Directed to draw a band as tight as can be borne around the wet cloths on the abdomen, and to give of the diluted syrup a teaspoonful occasionally, if awake, as also the nourishment.

Friday, 8, A.M.—Passed a good night. The bowels open several times, discharged a little each time ; considerable flatulence and desire to go to stool. Passed urine freely, more so than since his illness. Continue nourishment, and let him chew a piece of rhubarb not larger than a pea, and repeat the same in three hours, not with the object of operating, but to try and change the secretions, the tongue continuing, as it has been, much furred.

Five, P.M.—Disappointed in not finding him so well. The bowels had been moved many times, caused most probably by the too copious and frequent draughts of his nourishing drinks, which had not been properly prepared for a sick man. The small piece of rhubarb, only once chewed, was too much upon the homœopathic order to allow me to attribute to it the result. As the pulse continued equally strong, and the temperature of the body equally warm, I could not perceive any permanently serious effects. I gave another pill, and directed beef-tea, well made, and sago and brandy, to be given in moderate quantities at short intervals.

Ten, P.M.—I was sent for, as he did not appear so well. The pulse was weaker, and the bowels had been frequently moved, but no vomiting, or the least sign of cramp. Ordered an injection of twenty drops of laudanum in two tablespoonfuls of beef-tea, and to have the same repeated after each passage. I directed a mustard poultice to be applied to the abdomen, and after its removal to have the towels, soaked in hot

water, re-applied as before. I also prepared a strong infusion of ginger, cloves and cinnamon, in boiling water and brandy, of which one teaspoonful was to be given every ten or fifteen minutes, for an hour, and afterwards less frequently. Essence of beef also to be given.

Saturday, 14th, 8, A.M.—Has passed an uncomfortable night. The bowels had been frequently moved, although the injection of laudanum had been given regularly, at least so I was told. I now ordered the following—R. Tr. catechu, $\mathfrak{z}$ ss. ; tr. rhei, $\mathfrak{z}$ ss. ; tr. zingiber, $\mathfrak{z}$ ij. Dose, one teaspoonful every fifteen minutes, for three or four doses, and subsequently once an hour. I also ordered the following injection: Pulv. acaciæ, $\mathfrak{z}$ ss. ; pulv. kino, $\mathfrak{z}$ ij. ; tr. opii, $\mathfrak{z}$ ij. ; aq. camphoræ, $\mathfrak{z}$ ij. Two teaspoonfuls in one tablespoonful of the sago and brandy after each stool. Continued the essence of beef as before.

Two, P.M.—A decided change for the better. The bowels have not been open for nearly three hours, the pulse is fuller and stronger, the heat of skin natural, and he says he feels comfortable. Directed the treatment to be continued.

Eight, P.M.—Still improving ; the bowels open slightly twice. Continue the essence of beef, and only half the quantity of the medicine, at longer intervals. The injection in half the quantity after each evacuation.

Sunday, 15th, 8, A.M.—Passed a good night, having slept several hours. The bowels have not been moved for seven hours. Continue the medicine at still longer intervals, and omit the injection. Besides the essence of beef, let him chew occasionally a small piece of beefsteak, only swallowing the juice.

Five, P.M.—Improving ; perfectly convalescent. Go on with the nourishment. Omit all medicine.

It is unnecessary to continue the notice. There was no drawback, in any form, and in a few days, after having been up in the room, he rode out, and still continues perfectly well.

The following inferences, in conclusion, appear to me to flow naturally from the facts noticed in the above interesting case. From the effects of the emetic, it seems clearly to follow, that in proportion to the early stage of collapse in which it is given, the desired happy results will be more immediately and positively produced ; and also that if brought into use in severe or extreme cases of cholera, prior to the setting in of the collapsed stage, such will be prevented. In the above case, although, from the rapidity of its progress, the extreme prostration of the system, and the severity of all the well known attendant symptoms, the usual prompt and decided re-action was not well exemplified, there can be no question of the beneficial influence of the remedy ; for the cramps which had existed from the commencement of the disease until the remedy had acted, ceased simultaneously and did not re-appear, and the vomiting in a short time disappeared as a symptom of the disease. Although, as will have been noticed, the frequent discharges of a watery fluid, filled with floating flocculi, from the bowels, continued for several days, it is an important fact that no other of the prominent symptoms of cholera manifested itself ; the mere depression of strength and pulse would be natural and

necessary coincidences in other diseases of the bowels, without regard to cholera.

With these facts before us, is it unreasonable to infer that one of the remedial effects of this emetic—possibly of others of a similar character, if such can be found—is to overcome or remove the cause of the disease, whatever such may be, by the powerful impression made primarily upon the great nervous system, and subsequently through its influence upon the circulatory and other systems? If mere purging could bring on an attack of cholera, and such is well known to be a most usual premonitory symptom, the *causa morbi* existing, why should there not have been reproduced some of those characteristic symptoms previously existing, which however was not the case, although discharges from the bowels were for some time copious, frequent and watery? To what other cause such consequences could be attributed, other than the emetic used, I am at a loss to conceive.

I am not disposed to assert that I should not have acted more judiciously by resorting more early to means to restrain the frequency of the discharges from the bowels for so long a time; but the very absence of all unpleasant symptoms emboldened me so to act, and the successful termination of the case clearly proves I was not deceived, while it affords me the gratification to think, that, as the case stands, it is well calculated to substantiate the claims of the emetic proposed, as a sure, and, as far as human means are concerned, a certain mode of treating and curing cholera.

I cannot let pass the opportunity of mentioning that this evening, 30th Oct., I have seen the good effects of assafoetida, stramonium, a few drops of chloroform, and other minor articles, by inhalation, in a very severe case of asthma. The patient, after much previous suffering, expressed himself as fully satisfied upon that point; and I am sure that even in that disease, medical inhalation amply deserves a greater degree of attention from the profession. Tea pots, bowls, &c., will not answer in order to test the powers of inhalation.

OBSERVATIONS ON EPILEPSY.

[Continued from page 319.]

THE writer has often been applied to, from persons at a distance, to treat cases of epilepsy. Many of the applications have been by letter, from strangers, either the patients themselves, or their friends, and have usually requested medicine to be sent. Such calls seem to indicate to me a very singular and undesirable state of feeling in society, upon medical science and medical practice. If I am not mistaken, they unfold, to some extent, the secret upon which quackery is dependent for its great success; and it is this—a want of information upon medical subjects, or of a proper understanding of the nature of diseases. People think, if one has been cured by a particular medicine, all may be cured by the same medicine, of the same disease. They are perfectly sincere on this subject. They seem not aware that a disease which, like epilepsy, for

instance, appears the same substantially in all cases—which affects the nervous system and manifests itself by a loss of consciousness and convulsions, essentially the same in all, can arise from fifty different causes, and in each case requires the removal of *its particular exciting cause*, before it can be cured.

But such every medical man knows to be the fact. A man receives a bullet in his thigh, and it injures the great sciatic nerve, and epilepsy is the consequence; or falls from a building, and a fragment of the bone of the cranium presses upon the brain, and epilepsy follows. Another eats an enormous meal of indigestible substances, and has the “glutton’s groans;” the organs are overwhelmed, and epilepsy ensues. Another over-stretches and over-tasks the intellect; becomes first nervous, then unable to command his mind, is then lost, and epilepsy follows. Another is half frightened out of his wits, and epilepsy is the consequence. Another has measles, smallpox or fever, and they leave him with epilepsy. These are not a tithe of the exciting causes of this disease.

But in every case of epilepsy, people seem to suppose that the physician, especially if he be at all skilled in treating this complaint, can prepare and send a medicine which will cure it, or, at least, do as much good as though he saw and examined the patient, and then prescribed for him.

To a gentleman who recently wrote me to send him medicine for his son, I returned an answer, that “I wished to see him before I prescribed for him: that as epilepsy arose from so many different causes, and put on so many different phases, it was necessary that I should examine into his case before I could prescribe for him *understandingly*.” He returned an answer, that “he had supposed epilepsy was the same in all cases.”

“Now, there is a truth in this—epilepsy *is* epilepsy. But the inference drawn from this fact, namely, that the same remedy will cure it in all cases, is an erroneous one. The cause must be removed, before the effect will cease.

But there are those in the community who will take advantage of such opinions, and throw into the market compounds, which they say will *cure fits*, and sell them at exorbitant prices, to be used promiscuously in all cases of epilepsy. All medicines of this kind, thus swallowed *at random*, without the advice of any attending physician, who has examined into the cause and nature of each case, are, nine times out of ten, injurious; and I would caution those who are anxious for their own health or that of their friends, to beware of all such pretenders. They may have a medicine which has succeeded in curing one case; but it may do serious injury in another, which has arisen from a different cause, and would, for that reason alone (not to name others), do more injury than good.

Among the *tonics* which I have used with the greatest success, have been the various ferruginous preparations, those of zinc, and the barks, with the *hydrastis Canadensis*. Among the *alteratives*, I have found the *sanguinaria Canadensis*, the *podophillum peltatum*, *leptandria Virginica*, *iris versicolor*, *stylingia sylvatica*, and, in some few cases, the iodide of potassium, the most efficient. Among the *sedatives* or *narcotics*, I have used the *stramonium*, *opium*, *scutellaria lateriflora*, *canabis Indicus*, *arti-*

mesia vulgaris, asclepias tuberosa, valeriana officinalis, cotyledon umbilicus or wall pennyworth, and digitalis. If I have been compelled to use any thing of a *cathartic* kind, I have employed the mildest aperients of the *Materia Medica*, and have ceased to use them as soon as possible. I have generally found cathartics to keep up, rather than allay, irritation.

The cotyledon, when I commenced employing it in epilepsy, was not to be found in any of the shops in Boston, though it may now be had almost every where, and has been recommended in several of the medical journals. The first which I used, I procured in New York. I then got a Boston house to import me four ounces, from England, for which they charged me the *moderate* sum of ten dollars. It was the extract, or expressed juice of the plant. I have since bought it, in considerable quantities, in New York, at seventy-five cents an ounce. Indeed, I had procured it there for one dollar an ounce before the ten-dollar four ounces arrived from England. The herb does not grow in this country; at least, not in the Atlantic States. It is said there grows a plant in California which much resembles this, and its properties are thought to be very similar to those of this European herb. But I have not seen it. It is not officinal, and not found in the U. S. Dispensatory. The fact that it was not there to be found, procured me a considerable of a scolding from a doctor in the country; or rather, a scolding about me.

A man called on me to prescribe for his son, who was subject to epileptic attacks. I told him they were caused by *masturbation*. The son said he had never been addicted to it. The father (credulous, as many fathers are), believed him, and said, "his *doctor*, at home, did not think that was the cause of the fits." I told them both (father and son), that I had no doubts on the subject, and prescribed for him accordingly. He returned home, took the medicine, as he said, and was no better. The father wrote me that his son had not improved by the medicine, and he was confident I was mistaken as to *the* cause of the fits. I told him I thought I was not. In a few weeks, both father and son called on me again. The father said he had a confession to make. The son acknowledged he had been addicted to this vice for a long time, and had continued to practise it while taking my medicine. He promised reformation; but, I think, never reformed. The father wished me to inform his family doctor what the medicine was, so that it could be administered under his care. I told him I would do so, and did. It was a combination of *cotyledon umbilicus* and *stramonium*. In a few days the father returned, very much discomposed, saying his doctor said "there was no such medicine." I read him an account of its use from the fifth volume, page 410, of the "Charleston Medical Journal," and from several other works. When he was permitted to read it with his own eyes, he thought it was strange that *his* doctor did not know about it. Thus I was held responsible for the ignorance of his doctor. This medicine is by no means a new one for epilepsy, though I am not aware that it was employed for this disease by any physician in this country, at the time I commenced its use. I have since, in consultation, advised its employment with other remedies, to many physicians. I have known it fail in some cases, and succeed in others. I do not consider it, by any means,

a *specific* for epilepsy. Nor would I advise its use in all cases, whether the epilepsy be caused by self-abuse, by worms, by crude and indigestible food, or by some other excitement; and, where it proves useful, much is often depending upon its being properly combined with other remedies. The cases in which it will succeed alone, are, I apprehend, comparatively rare. The two remedies with which I have more commonly combined it, have been the sanguinaria as an *alterative*, and the stramonium as a *narcotic*. In this combination, I have found it operate more favorably than either of these medicines when used alone.

In each individual case of the disease, the exciting cause is to be carefully sought, and when found must be removed. Then, the debilitated state of the whole mass of blood is to be altered, or the blood invigorated; and, in accomplishing all this, the common sense and judgment of the physician are to be put in requisition, rather than the antiquated dogmas, either of "the books" or "schools." Any one who has read the history of medicine, and seen how often one theory has been prevalent, and then suddenly given place to another, and that to a third, and so on almost *ad infinitum*, must be convinced that but little confidence can be placed in this everlasting circle of conflicting opinions.

REPORTS OF TWO CASES.—FROM HUXHAM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In transcribing the following cases for the pages of the Journal, I deprecate the inference, on the part of its readers, that I am supposing myself so happy as to have made a discovery of treasures beyond the reach of the profession generally. The obvious fact that the class of old English medical books from which the cases are taken, have been generally, and with great propriety, superseded by more modern publications, renders it probable that many of the readers of the Journal will find it more convenient to have the cases furnished for them in this form, if they choose to look at them, than to find them elsewhere.

LAMOILLE.

CASE I. (Huxham on Fevers. Lond. Ed. 1750. P. 62.)—"An eminent surgeon of a neighboring town, of a thin and somewhat tender constitution, but constantly used to action and exercise, and frequently subject to fevers, and scorbutic rheumatisms, from taking cold, &c., in October, 1741, fell into a kind of slow fever, attended with slight rigors, frequent flushes of heat, a quick weak pulse, loss of strength and appetite, with a great load at his breast, and a heavy sort of respiration. Notwithstanding this, he continued in his business, constantly riding, and fatiguing himself, for some four or five days after this seizure. I met him at a gentleman's house, who was my patient; and finding as above, and that his breath was, even then, very offensive, I earnestly desired him to take timely and due care of himself. Two days after, he, being at a gentleman's in the neighborhood, was taken all on a sudden with a very great faintness, and fell off his chair. Upon lifting him up, the company

observed several violet-colored and livid spots on his arms and neck. It was with very great difficulty that they got him home, though but two or three miles distance, he frequently fainting by the way. The disorder increased every moment; he had a vast languor, with pain and extreme oppression on the præcordia, and a perpetual sighing; his breath now stank abominably, and a foetid bloody matter leaked continually from his gums, and thousands of livid, violet and black spots appeared all over his body, on the trunk as well as the limbs.

“He was bled to about $\frac{3}{4}$ xii. from his arm, but this gave him no manner of relief—the oppression, sighing, fainting and anxiety continuing as bad as ever, nay, rather increasing. A violent hemorrhage also broke forth from his nose; which continuing from both nostrils, he was bled again to $\frac{3}{4}$ x., about twelve hours after the former bleeding. Neither did this give him any relief, but increased his weakness considerably, and he continued as anxious, restless and oppressed as ever, without the least sleep. The blood now not only issued from his gums and nose, but he also coughed up blood. Indeed, the bleeding from his nose had ceased somewhat, but it increased from his gums, and in a surprising manner blood now likewise dropped, though slowly, from the caruncle of one of his eyes; and several livid pustules on his tongue, and within-side his lips, broke, and discharged a bloody thin matter very copiously.

“The hemorrhage being somewhat restrained, a bloody dysentery came on, with severe gripes, and excessive faintness, and he was still exceeding restless and very feverish. His pulse now intermitted every sixth or eighth pulsation, and then fluttered on again, vastly quick. He had likewise a tremor, and subsultus. The hemorrhage all this while continued from one part or other, and when stopped at one place, forthwith broke out in another; so that his urine now seemed tinged with blood, being very dark colored, nay, almost black. Soon after he was bled the second time, I was sent for, and hastened to him. I found him in the manner described, under an inexpressible anxiety, yet quite free from a delirium, though he had no manner of sleep for several days and nights. His tongue was vastly black, and his breath so insufferably stinking, that it was greatly offensive, even at a considerable distance; and his stools were so horribly nauseous and foetid, that the very nurses fell into vomitings and faintness in carrying them off.

“I found that neither of the portions of the blood that had been drawn (not even the first) had separated into *crassamentum* and *serum*, as usual, though the former had stood so many hours; but continued as it were half coagulated, and of a bluish livid color on the top. It was most easily divided by the slightest touch, and seemed a *purulent sanies* rather than blood, with a kind of *sooty powder* at bottom. His hemorrhage still continued, especially from the tongue, lips and gums, with a perpetual dripping of their bloody ichor from his nose; so that he was reduced to an extreme degree of weakness, with nervous tremblings, *subsultus tendinum*, and almost continual faintings.

“What was to be done in this dreadful case? Would the hot, alexipharmac, volatile cordials and blisters have served him, as some might have imagined, considering his extreme weakness, faintings, load on the

præcordia, tremblings, &c. ? But would they not certainly have been *deleterious* ; would they not have certainly killed him ? as they would have added to the stimulating acrimony, increased the fever, and further destroyed the *crasis* of the blood, already nearly quite dissolved, and reduced to a kind of *putrid gore*.

“ I took it in this view, and as I had experimentally and repeatedly known the great use of the *bark* in preventing and stopping the advance of gangrenes, I gave him frequently of it in small doses with *elixir vitrioli*, premising a small quantity of *rhubarb*. Besides this he drank tincture of roses, with cinnamon water, made very acid, and also a decoction of Seville orange rinds, red roses, cinnamon, and a little *Japan earth*, as it is called, well acidulated. Claret and red Port, with about half water, he drank at pleasure. As the *bark* sat easy with him, I continued its use, and increased its quantity, giving with it some *confect. fracast. sine melle* (?) to restrain the dysenteric flux ; and yet I now and then interposed a small dose of *rhubarb*, to carry off any bloody, bilious, or sanious matter that might be lodged in, or leak into the intestines. In the mean time I ordered him to be frequently supported with rice, panado, sago, jellies of hartshorn well acidulated, toast out of claret, and red Port wine ; and I directed fomentations of aromatics and astringents, boiled in red wine, to be frequently applied to the whole abdomen.

“ By this method, steadily persisted in, was this poor gentleman, through Divine Goodness, raised from a state of universal rottenness, as it were, to perfect health. Not but that, for a very considerable time after his fever was quite gone off, he continued extremely weak ; and even after he was capable of walking abroad, the hemorrhage from his nose would return on the least occasion, his gums would bleed on the slightest rubbing, and his breath continued very offensive for a long time. By the further use of the *cortex*, *elix. vitrioli*, &c., this also entirely ceased. But his legs and feet continued very much swollen for a much longer time, and his flesh all over his whole body remained exceedingly soft, tender and sore, scarce bearing the least touch. Rhabarbarate purges, easy stomachic chalybeates, elixir of vitriol, pyrmont water, with proper diuretics, and gentle regular exercise, at length carried off those symptoms ; and in about two or three months he recovered a good state of health, which he still enjoys.”

Huxham inquires, very appropriately, after the graphic description of his patient's condition, as he found it, “ What should be done in this dreadful case ? ” His *pathology*, probably, is of little worth ; but his *therapeutics* are invaluable. He says, I am sure with entire truth, of the following case, that “ it is pretty uncommon, in several circumstances,” which constitutes its principal interest.

CASE II. (P. 69.)—“ Mrs. Elizabeth S——, of St. Germain's, Cornwall, about twenty-five, of a weak constitution and bad habit of body, who never had any regular *catamenia*, was taken at the latter end of May, 1742, with pain in the right foot near the toes, and with a *torpor* all over the leg ; which hourly increasing, she sent for Mr. Dyer, an ingenious surgeon of *Looe*, who rubbed the part with camphorated spirit of wine, and gave her some nervous and cordial medicines. This having no

effect, he fomented with a very warm aromatic decoction, applying the *magma* with spirits, theriaca, &c., to the leg and foot; notwithstanding which, the parts grew soon discolored, cold and quite insensible. When I came, I ordered the parts to be scarified, and that deeply, but not the least blood issued, only a few drops of quite black blood here and there slowly rose up, of the bigness of a pea; the skin and flesh looked as if the leg had been cut off for some days, though this was but in the forenoon of the *fourth day* from the very first seizure. There were no vesications, nor did the scarifications afterwards emit the least stench, matter, or *saries*. I immediately ordered her the *bark*, with *elixir vitriol. confect. Raleigh.* and a warm acidulated julep, which she took freely, as she was vastly faint. A violent pain seized her in the afternoon in her right thigh and groin, and forthwith a fever, severe gripings and a bloody flux came on, which presently reduced her to the utmost degree of weakness, with perpetual faintings and agonies.

"The ensuing night she grew very delirious, her tongue became quite black and faltering, her pulse exceeding quick, weak and fluttering, with continual catchings of the tendons, and tremors. As the *cortex* did not sit well, but ran down, I gave her a strong tincture of it with *decoct. Fracastor. elix. vitriol*, &c., which had a much better effect.

"In this miserable condition she continued for three or four days, every one about her hourly expecting her death; however, the *sphacelation* did not advance, and never appeared above the knee, though a very vehement pain affected the whole thigh, and seemed chiefly in the *periosteum* of the bone. At length there appeared a dark livid *streak* or *line* all round the limb, immediately under the knee, and pointed out where Nature was disposed to separate the dead part from the living. This tendency to separation became every day more and more visible, and the surgeon used all proper means to promote it: for whatever foundation there might have been for an *amputation*, neither she nor her friends would admit of it. In these deplorable circumstances (the dead part of the limb daily rotting off from the sound) she continued till July 14th, when the surgeon, finding the *slough* cast off, and a separation at the joint almost perfectly made, took off with a knife the dead leg from the sound thigh, at the very *articulation*, with very little pain, without her consent, and almost without her knowledge of it, when it was done. Soon after this she daily recovered, and by proper diet and medicines, was in a little time restored to a tolerable state of health."

The above case is certainly rich in profitable *suggestions*.

IMPROVEMENTS IN SURGERY.

[From an Introductory Address at St. Thomas's Hospital, by SAMUEL SOLLY, Esq.]

LET us glance rapidly at some of our improvements. Take the motive organs of the body—bones, joints, muscles:—Caries, or ulceration of bone, whether involving the bones of the shoulder-joint, the elbow, wrist, hip, knee, or ankle-joints, used formerly to be an almost certain cause of mutilation. It was supposed that this gnawing disease, which

crumbles away the bone and wastes the body, pouring forth from the crimson current of the blood, the elements of nutrition, could only be removed by the amputating knife. In the present day, we limit our operation to the removal of the disease, and preserve the sound portion of the limb. Nature proves herself a most kind and able assistant in these conservative operations. Take, for instance, the shoulder-joint. A patient comes to you with an arm, useless, painful, and debilitated from disease. He tells you—and I am now referring to no hypothetical case—that he was told in the country that he must have his limb removed, or die from the disease. He had heard of St. Thomas's Hospital in London, and he walks up, above 200 miles. He is admitted, and he has all the advantages this institution can confer. The shoulder-joint is cut into, the diseased bone is removed, the soft parts soon heal, and nature actually models for him by her absorbent vessels, a *new* joint, and the man returns home with an useful limb.

This description, true to the letter as regards this hospital, is, I am sure, equally true in its main features in regard to every hospital in the United Kingdom. The operation of excision of the shoulder-joint was first performed in 1769 by a provincial surgeon, Mr. White, of Manchester.

Then, again, take the elbow-joint ; its structure is more complicated, but still we do not hesitate to remove the diseased parts, and in process of time a new and useful joint is formed.

This operation was first designed by Moreau, a Parisian surgeon ; but we are immensely indebted to Mr. Syme, of Edinburgh, for having perfected this proceeding, and, by the frequent repetition of its performance, showing us how safe an operation it may prove in the hands of a good and skilful medical surgeon.

Mr. Anthony White, of the Westminster Hospital, in 1818, succeeded in curing disease of the hip-joint by excision of the head of the thigh bone. The second successful case was in the practice of my friend, Professor Fergusson, of King's College ; since then it has been performed sufficiently often to establish it as a recognized operation in suitable cases. I performed it a few years ago, on a patient in this hospital, with every prospect of success. The case went on well in every respect for several days, when erysipelas, that dread foe of operating surgeons, attacked my patient with fearful intensity, and he died in a few days.

From the hip-joint we may descend to the knee. This beautiful and complicated joint is, I think, more frequently the subject of that amount of severe disease requiring amputation of the limb, than any other joint in the body ; but still how seldom are we obliged to amputate this joint to save life ! It is indeed true that many a limb is now saved by medical surgery which formerly was sacrificed, and I must give my esteemed friend, the cod-liver oil, considerable credit for his assistance in the good cause. More than fifteen years ago, I first prescribed this medicine for strumous disease of joints, and I soon found its value. I have no hesitation in saying that we are able to carry out our conservative operations with this ally which would be quite impracticable without it.

With regard to *excision* of the knee-joint, I can give you no personal

experience, but the cases which have been published encourage me to believe that it may be performed with success. And there can be no doubt that the living limb, even if shortened, and the knee-joint obliterated, is more useful and more agreeable to the patient than any artificial limb, however beautifully that limb is made. I must bear my testimony to the perfection to which these mechanical contrivances are brought. This operation was first performed by Mr. Fitkin, of Northwich, and was in his hands successful.

In passing from the consideration of excision of the knee-joint to the conservative surgery of the rest of the leg, I find it impossible to tell you all that has been done. I must only attempt a rapid sketch. When I first came to this hospital in 1822, almost every amputation for disease of the leg and foot was performed a little below the knee. The value of a long lever in the use of an artificial limb was not understood, but now we save as much as possible. Amputation at the ankle-joint was never thought of. This operation was first proposed and performed in France, by Sedillier, Velpeau, and others; but the credit is due to Mr. Syme for having shown its frequent application. The retention of the firm cushion of the heel for the surface of the stump, has been of immense practical importance; and there are many men now who have been subjected to this operation who might go into any ball-room in London without the deformity being discovered. The operation is required in extensive disease of the tarsus, and it is an improvement on the old mode of amputation; but still there is an improvement upon this. Many of you have seen this carried out successfully within these walls. I refer to the removal of the diseased bones, instead of a removal of the whole foot. —*London Lancet.*

UNSUCCESSFUL EMPLOYMENT OF ANÆSTHESIA BY COLD.

CASES UNDER THE CARE OF MR. CRITCHETT AND MR. WALTON.

THE employment of cold as a means of preventing the pains of operations has been repeatedly advocated in our columns, and we, therefore, feel called upon to report prominently instances of its failure. Two such have occurred during the past week. In the first, the patient was a woman, under the care of Mr. Walton, in St. Mary's Hospital, from whom it was wished to remove a fatty tumor on the abdominal wall. The tumor was subcutaneous, and felt quite as loose as such tumors generally are; it had a size of about an adult fist, somewhat flattened. Nearly an hour was wasted in unsuccessful attempts to freeze the skin, but as this was due of course to mistakes in manipulation, it should not be charged against the process. At length, a mixture, properly made, was applied, and in about four minutes the requisite area of skin was frozen, as white and hard as could be wished. Without the loss of a moment's time, Mr. Walton made a deep incision through the whole required extent of the skin into the tumor. This gave no pain. The tumor was seized at once, and forcible enucleation attempted. It could not, however, be extracted so easily as had been expected, and adhesions, both to the skin and the

deeper parts, required to be divided by the knife. At one part, where it appeared to have been pressed upon by the woman's stays, the adhesions between the tumor and skin were very close, and a careful division was needed. The operation lasted perhaps altogether about four minutes, and during the whole of that time, except the first cut in the skin, the patient was making loud cries and protestations of pain. It should be stated, that she was a remarkably quiet person, and one who did not complain for little.

The above operation took place on Wednesday; and on the Friday following we witnessed an almost similar one in the theatre of the London Hospital. Mr. Critchett's patient was a man of middle age, and the tumor was a fatty one, about the size of a large fist, and situated beneath the skin in the upper part of the front of the thigh. The freezing of the skin was very complete, nearly five minutes had been occupied in the process, and the incision into it appeared to be quite painless. The tumor had, however, rather intimate adhesions, more especially to the integuments; and the man complained much of almost every touch of the knife excepting the first.

We had witnessed before the above several cases of partial failure in the case of cold, but were inclined to attribute them somewhat to timorousness in its use; in these, however, it was fairly and sufficiently used. Their evidence seems clear to the effect, that, unless the tumor be so loose, that almost instantaneous enucleation can be performed, a painless operation must not be expected. The anæsthesia does not extend at all deeper than the skin; and even in its recovery of sensibility is so rapid during the manipulations, that the division of adhesions to its under surface will not be painless unless made without a minute's delay. There are, doubtless, a large number of cases in which, despite of these drawbacks, anæsthesia by cold may be very useful; but the surgeon must always be careful not to promise to his patient a painless operation. As it regards the excision of tumors, it will probably, in a few instances, be completely successful, and in many others sufficiently so to afford a good pretext for avoiding the use of chloroform. It is, perhaps, adapted best of all for use in the very painful operations which it is so frequently necessary to perform on the fingers and toes. Here it can be applied from several sides at once, and a more complete and less transitory degree of anæsthesia produced.—*Medical Times and Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 6, 1854.

Suffolk District Medical Society.—The monthly meeting of this Society, for medical improvement, was held on Saturday evening, the 25th ult.—the President, Dr. Buck, in the chair. Dr. Homans exhibited a specimen of false membrane, which was ejected from the bowels of a child twenty months old, who was suffering from an attack of dysentery. He saw the

child in consultation. It had from thirty to forty discharges a day, and one morning, after a severe straining, a substance resembling the intestine, about six inches in length, was seen to protrude from the anus. It was taken hold of and gentle traction made upon it, with a view to its removal, but it seemed to be unyielding; and the attendants, thinking it might be a portion of intestine, suffered it to remain a while, but finally had courage enough to snip it off with a pair of scissors. In the course of a day or two, the remaining portion, two inches in length, was detached and came away. The child fully recovered. The specimen exhibited, was a tube, with a slit running through its entire length, and consisted of lymph.—Dr. J. M. Warren exhibited a tumor, about the size of a goose egg, which he had that morning removed from the nates of a female thirty years of age. It was the growth of seven years and had periodically discharged bloody serum, and its character was extremely difficult to make out. On its removal it was found not to contain fluid, as might have been expected from the touch and other diagnostic marks, but it was solid, consisting, no doubt, of enlarged sebaceous follicles.—The President announced that Dr. Keep was to have read a dissertation at this time, but he was not ready, and would like further time.—Dr. Buckminster Brown was appointed to read the dissertation at the next meeting.—Dr. Warren exhibited several instruments which he had lately brought from Europe, among which were some very fine ones by Mr. Syme for strictures of the urethra. Mr. Syme had operated for these strictures by an external opening through the dorsal surface of the penis, upwards of a hundred times, with perfect success. A catheter was allowed to remain in the urethra for three or four days, and then withdrawn, the wound in the mean time healing up. He also mentions a curious circumstance connected with its withdrawal, viz., the patients always exhibited signs of extreme prostration, which made it necessary to give them stimulants to keep them from sinking; but they always rally and do well afterwards. Civiale's instruments, which he also showed, were very ingeniously contrived and nicely made, but it was Dr. W.'s opinion that Mr. Syme's instruments and operation on the whole were preferable. Dr. Simpson's uterotome, for the division of the os uteri, was also shown and commented upon. A specimen of sheet gutta percha, such as is used in the Liverpool hospitals for the covering of poultices, &c., as a substitute for oiled silk, was exhibited. It could be procured in Liverpool for one shilling per yard, whereas the oiled silk cost one dollar. We hope some of our apothecaries will supply themselves with it at once, for the convenience of their patrons.—Dr. Jeffries mentioned the case of a man who had taken one ounce of McMunn's elixir of opium, for the purpose of self-destruction. He had led a dissolute life, and become tired of it and wished to die. After he had taken the opium, he laid himself down, but instead of the desired result, the elixir had the contrary effect, for all the bad acts of his life came up in remembrance before him, and waking from his reverie, he made a resolution to reform, which he did at once, and has religiously acted up to it ever since. Dr. Jeffries related the case of an enlarged womb, supposed to have been so from pregnancy, with an extensive ulceration of the os. Nitrate of silver was freely used, which improved its condition. Subsequently the diagnosis of pregnancy was confirmed. At the full period, labor commenced, and in a few days after, the woman sank and died. No examination was permitted.—Dr. Homans related a case of excessive vomiting, which was connected with pregnancy in a woman of about thirty years of age. Every known remedy had been tried without affording the poor woman any relief,

and at the end of the fourth month she died. She had had two children previously, without any unusual symptomatic sickness. The question in his mind was, would it have been better to produce abortion, rather than let the patient take her chance? He also related another case of an English lady, wherein the vomiting commenced at the fifth month of her pregnancy, when she became prostrated by it, sank and died in one month afterwards. In this case, however, there was some suspicion that she might have been poisoned.—Dr. Watson mentioned a case that had occurred in the practice of the late Dr. John D. Fisher, in which abortion had been attempted, but it did not succeed, and the woman died.—Dr. Ayer mentioned another similar case which he had some three years since. At the seventh month the woman aborted, and died in one hour afterwards.—Dr. Hodges said it was the rule, in the Dublin Lying-in Hospital, in cases of irritable stomachs from pregnancy, to keep the patients in bed and in an inclined position until relief was obtained.—Dr. Geo. S. Jones had, two years since, a young woman, with her first pregnancy, who had excessive nausea and vomiting, which were overcome by a free use of champagne and soda powders, drank while they were effervescing.—Dr. Hodges had a patient in the third month of her pregnancy, who had been flowing, and was also troubled with vomiting. She was ordered to bed, opium given her, and in three days after, she was free from hæmorrhage and nausea.—Dr. Minot spoke of a case of hysteria in a married woman, caused by a stricture in the œsophagus. The ball probang was passed, which entirely relieved her.—Dr. Buck alluded to cases of retention of urine in old men. He had known them to complain of inability to retain it, and of its dribbling away. They would empty their bladders, as they supposed, but still the same difficulty existed. The remedy which he had found most successful, was to draw the urine off by the catheter, as the whole difficulty generally proceeds from an over-distended bladder.—Dr. Bowditch mentioned a case of tuberculosis, commencing at the bottom of the lungs, which was very interesting in many particulars, and he invited the members to see the patient, who was at the hospital under treatment.—On motion of Dr. Bowditch, the President appointed a committee of three, to consider the expediency of holding social meetings of the Society at the houses of some of the members on the second Saturday in each month, for the purpose of awakening the interest of the members in the monthly meetings for medical improvement. This is a good move, and we hope the project will meet with especial favor from those members of the Society who are abundantly able and ever willing to advance the interest of the profession. The committee consists of Drs. H. I. Bowditch, J. B. Alley and Geo. S. Jones.—An inquiry as to the number of cases of varioloid and smallpox within the knowledge of the members, in the city, elicited answers from several. Some stated they had six cases, others two, or one, which would indicate rather more than the usual number in the city.

Sentence of Dr. Beale, the Dentist.—Dr. Beale, of Philadelphia, was sentenced, in the Criminal Court of Philadelphia County, on the 28th ult., to four years and six months confinement in the County Prison, for an alleged outrage upon one of his female patients while under the influence of ether. Previous to his sentence, he made a speech, in which he asserted his entire innocence, and censured the District Attorney and Jury. Many of the newspapers speak of the sentence as being unjust, and it would seem to us at a distance (if the only testimony that was brought to bear in the

case, was merely the *ipse dixit* of the young lady, the complainant), that it was so. It is our decided opinion, that the evidence of even a partially etherized person should not be received as valid, without corroboration. We believe that such persons are *totally incapable of making a correct statement of what transpires during the time they are under the influence of the ether*, and we are somewhat surprised at the result of the verdict in Dr. Beale's case, after having carefully read the evidence of the alleged injured party; and we are still more surprised at the sentence. If the accused was really guilty, it is altogether too *light* for a crime of such magnitude; and if innocent, it is of course undeserved.

Ulcerations of the Os Uteri.—A republication of the Croonian Lectures for 1854, by Charles West, M.D., &c., of St. Bartholomew's Hospital, by Lea & Blanchard, is quite opportune. It will give the lecturers on diseases of women, at the Schools, which are now in operation, the advantage of presenting European experience in a class of female maladies which are among those most obscure and difficult of successful treatment. If ulcerations of the os uteri are discoverable only in the walks of civilization, which we believe to be true, from our own observations, and inquiries in heathen countries, the subject demands a careful examination. There are three lectures in Dr. West's book, embracing the whole ground—no symptom, condition or circumstance illustrative of an abnormal state, being overlooked. Practitioners generally not only admit that these ulcerations are numerous, but they acknowledge their inability always to meet the emergency. Hence there is need of further research and instruction. This book, small as it is, heralds forth hope for the sick, under the charge of properly-trained medical attendants. No physician should be without it, who is truly desirous of being prepared to meet those contingencies in professional life, which are perpetually occurring—none of which are more formidable, under some circumstances, or trying to the sympathies of a conscientious practitioner, than those discussed in the Croonian lectures of 1854.

Foreign Bodies in the Air Passages.—A practical treatise has been written on this subject, by S. D. Gross, M.D., Professor of Surgery in the University of Louisville, Ky., a man greatly distinguished for his unceasing industry and attainments in operative surgery, and favorably known both in Europe and America as the author of volumes that are among the standard authorities of the day. It is an octavo of 486 pages, illustrated by pictorial representations of the organs, tubes, &c., in the throat, together with the appearance of nails, pins, and pebbles, which have been lodged in the air passages, and extracted before and after death. Dr. Gross has had an ample field for observation and experience in this matter, and has here spread out a perfect chart of the difficulties that may be anticipated in the attempt to extract foreign bodies from the obscure hiding places into which they are sometimes accidentally drawn. We are shown the immediate effects produced by the presence of foreign bodies in the air tubes, the pathological effects resulting, and symptoms which ensue. Thus, from one step to another, the learned gentleman proceeds, investing each of the seventeen chapters with peculiar interest. He is an earnest as well as a bold explorer, and those who would profit by his rules of practice, must act with decision. Yet he is safe, because a long experience, based on strict anatomical know-

ledge of the region where instruments are to be used, enables him to state what may be depended on as truth. Other and larger Journals will doubtless have much to say on the excellencies of this book. None of them, however wordy or elaborate they may be, can more heartily than ourselves recommend the volume to every class of medical practitioners. The information it contains is just what each and every one ought to know, who may be unexpectedly called into a family group, with a dear child in the midst, struggling for life under the suffocating effects of a foreign body in the air-passages.

Pathological Anatomy.—A very admirable manual of 733 pages, large octavo, by C. H. Jones, of St. Mary's Hospital, and E. H. Seiveking, M.D., of the same institution, who are intimately associated with various learned societies in London, has come from the press of Messrs. Blanchard & Lea, Philadelphia, in their usual beautiful style of medical re-prints. This is the first American edition, with 397 illustrations. From the slight examination thus far given to it, we are free to style it a correct and desirable text book. We should be glad to point out some of its characteristic traits, and show the indebtedness of the brotherhood to Dr. Donaldson, of Baltimore, in preparing the re-print, but necessity compels us to keep within a moderately sized paragraph to-day. Certain it is that the sterling properties of the work will soon make it known in the right circle.

Facts for the People.—There are many facts of great importance to mankind, which they wholly disregard, even when aware of their importance. Dr. T. D. Thompson, a dental surgeon, of Providence, R. I., is the compiler of a portable manual with the above title, on the teeth, which he has addressed particularly to the people; and if those for whom it was especially designed would be influenced by its plain teachings, the dentists would have much less to do. We do not discover that the author lays claim to any originality in this treatise, beyond the adaptation of it to the comprehension of the unlearned, whose teeth are of quite as much importance to them, as are those of the learned to their possessors. He appears to have gleaned the essential rules for the preservation of these important organs, from the best books extant, which are not within every body's reach, and interwoven suggestions and stated propositions of interest to those who are toothless, as well as to those who fortunately still are not so. It is from the publishing house of B. B. Mussey & Co., Boston. A medical journal is not precisely the place to notice a publication expressly fitted to general reading, as whatever we might say respecting it would never reach the classes who should be influenced in regard to its purchase.

Medical Catalogue.—Messrs. S. S. & W. Wood, 261 Pearl street, New York, have just issued a catalogue, said to be "of the most extensive collection of medical books in America." It comes to us nicely bound in covers, and contains 150 pages. It would seem to be a valuable and convenient guide in the selection of medical literature: if the prices were affixed to each publication it would have been still more valuable. We are often consulted by practitioners from the country as to the best books upon various medical subjects, and also as to the price of them. Now if the publishers would only give us the prices in their catalogues, we think it would oblige the profession generally. The Messrs. Wood have a well-deserved

reputation as medical book publishers, and it affords us pleasure to call the attention of our readers to the very great selection which they offer for sale. Copies of their catalogue will be sent, free of postage, to *post-paid* applicants.

Vermont Asylum for the Insane.—The eighteenth annual report of the directors and superintendents of this Institution has been received, from which it appears that the Asylum is in a highly prosperous condition. Five hundred and thirty-five patients have enjoyed the benefits of the institution for the year ending August 1st, 1854. Of the number discharged during that time, 80 recovered, 12 were improved, 14 not improved, and 40 died. We believe the charges at this Asylum are less than at any other in New England, being only \$100 per year.

Social Meetings of Physicians.—We take pleasure in stating that the Committee appointed at the last meeting of the Suffolk District Medical Society, as mentioned on another page, have made arrangements for a series of social meetings the coming winter and ensuing spring, at the houses of the members. The first one will take place on Friday evening next, at 8 o'clock, at the house of Dr. John C. Warren, No. 2 Park st. Succeeding meetings will be held on the first Friday evening of the months of January, February, March and April.

Asylum for Inebriates.—There is a strong probability that an asylum for the reception and treatment of confirmed drunkards will at last be instituted in this country. A Committee was appointed by the Legislature of New York, last winter, to organize an institution to be known as "The United States Inebriate Asylum, and to act as Commissioners to receive subscriptions to the capital stock of said Asylum." This Committee have submitted a statement to the public in the New York papers, and appeal to the generosity of the community for the necessary funds, which we trust will be furnished.

Medical Miscellany.—Few of the horrid details respecting the bombardment of Sebastopol, by the English and French forces now operating in Russia, have excited so much commiseration as the destruction of the great hospital in that city, wherein were upwards of two thousand sick and wounded, who all perished by the conflagration.—We are informed by one of the officers of the Mass. Charitable Eye and Ear Infirmary, that they have not published any report, except the statement of the condition of the Institution, which was furnished the "Daily Advertiser."

TO CORRESPONDENTS.—Dr. Buzzell's case of amputation at the shoulder-joint was duly received.—Dr. Bartlett's surgical apparatus will be noticed in our next number.

MARRIED.—In Manchester, Nov. 15, Dr. Stephen G. Risley, of Rockville, to Miss Emeret J. Scott, of Manchester.—In California, Oct. 15, Dr. Daniel Dustin, late of Vermont, to Miss Elmira Dustin; Dr. J. E. Woodford to Miss Almira Jones, both of Michigan Bar.

Deaths in Boston for the week ending Saturday noon, Dec. 2d, 64. Males, 37—females, 27. Accident, 1—aneurism, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 2—consumption, 15—convulsions, 4—croup, 3—dysentery, 3—dysarrhœa, 1—dropsy in the head, 3—drowned, 1—infantile diseases, 6—fever, 1—typhus fever, 1—hooping cough, 2—disease of the heart, 2—inflammation of the lungs, 2—disease of the liver, 1—measles, 1—old age, 1—premature birth, 1—smallpox, 3—teething, 3—disease of the spine, 1—unknown, 1. Under 5 years, 28—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 5—above 60 years, 7. Born in the United States, 45—British Provinces, 2—Ireland, 16—Germany, 1.

Case of diseased Alveolæ. By FRANCIS CAMERON, M.D., Springwood, C. W.—What I conceive to be a rather rare case of disease, and one interesting to the profession, occurred in my practice some years ago. Daniel Young, aged about 70 years, consulted my medical preceptor for a disease (as he called it) of the roots of his teeth. The doctor finding it likely to prove tedious, committed it to my charge to manage under his advice. Our patient stated that he first experienced a soreness at the roots of one or two of his upper molar teeth, which shortly after became quite loose, and concurrently with the supervention of the dental looseness, a purulent discharge set in from the gums around them. The affected teeth were removed, a feat which was very easily performed, and a lotion of myrrh and borax applied to the affected gums. After the separation and removal of the diseased alveolar processes, the soft parts under this application soon healed. No sooner, however, had one place healed than the disease broke out in another. It thus spread from tooth to tooth in both jaws, until all the teeth were lost and their sockets destroyed. After this he got well, and lived for several years in comfortable health. Perhaps some of the readers of the *Chronicle* would inquire, had he taken mercurials previously? I believe not, as his health was good for a long time before. The entire period that the disease took to travel round his masticatories and disappear, was three weeks.—*Montreal Med. Chronicle.*

Ice Champagne, and Snow Ice.—More than a year ago we alluded to this article in the *Journal*, as having seen it at the table of Dr. Hoggatt, of this county. A gentleman of St. Louis, sometime after the publication, wrote us, inquiring the process, and adding that he had failed to freeze champagne. Mrs. H. informs us that there is no difficulty in the process, nor does it differ from that by which cream is froze. Put a quarter dozen of champagne into a freezer, pack the ice and salt about it in alternate layers, turn the freezer a little longer than for ice cream, and the wine is frozen. Mrs. H. uses no wines but of the finest brands.

Ice has become indispensable to the sick room. In this climate, many winters pass without ice sufficiently thick to preserve, but every season, almost without exception, we have *snow*. Now, Mrs. Dr. Hoggatt, winter before last, filled her large ice-house with *snow*. As it was thrown in from carts, several men below beat it down with mawls until the house was full. We saw the ice in the summer following, and while more porous than the northern ice, it was a good article. Mrs. H. says it keeps better than ice.—*Nashville (Tenn.) Med. Journal.*

Law and Medicine.—One of the most horrible abuses in the practice of the law, is, when a man has been proved to murder another by repeated beatings, to allow an eccentric physician to come forward and confuse the jury by swearing that the victim died of some disease with a curious Greek or Latin name. We have been present at a trial where one man killed another by tightening and twisting his neckcloth, and yet a medical gentleman swore that in his opinion the murdered man died of what he called "spinal apoplexy," which might be true in the same way that all people, whether murdered or not, die of want of breath.—*Belfast Northern Whig.*

Belladonna in Salivation.—Erpenbeck used the extract of belladonna gr. ijss. in an emulsion in 24 hours with perfect relief.—*N. Y. Jour. of Med.*

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AMPUTATION AT THE SHOULDER-JOINT.

BY JAMES M. BUZZELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In giving publicity to an important operation, it is indeed very gratifying to those immediately concerned, if it can be truly said, in the sequel, that it has proved successful, and that by means of it the patient has perfectly recovered, not only from the operation, but from those causes which rendered the operation necessary. But even when such gratifying results do not succeed, if the operator, patient, friends, and the public generally, believe that the patient's life was not thereby shortened, but rendered more comfortable while life remained, there is a consciousness of having done our duty in respect to it. Such are the circumstances of the case I am about to report.

In the report of cases of scirrhus of the breast, made by me in the Journal of March 29th, 1854, I alluded to the case of Mrs. Lovett, of Windham, who within the space of about seven years had had the breast amputated and two scirrhus tumors removed from the axilla, on the same (right) side.

About one year after the removal of the second tumor from the axilla, a third made its appearance close under the arm. At this time all the lymphatic glands of the arm put on this same form of disease, the whole arm becoming swollen, painful, œdematous, and by degrees paralyzed. The weight of the arm being very great (weighing $10\frac{1}{2}$ lbs. after amputation), it was very burdensome and painful, and from its confined position at the shoulder, and the contiguous inflammation near the joint, it soon became fixed or ankylosed. From this fixed position of the arm, and its close proximity to the side, it was with great difficulty that any dressings could be applied or applications made to the diseased gland under the arm, which had advanced to the suppurative stage of the disease, when I was called to visit the patient again in August last. At this time the patient desired me, if I thought it possible for her to survive the operation, to amputate her arm at the shoulder-joint. She might thus, she thought, for a short period at least, be relieved of the intense pain in her arm, experienced almost continually, of the great weight of it, and also from the sufferings she knew must follow should her life be prolonged,

viz., in the ulceration and sloughing of the whole arm from the body. A case of this kind had come under her own observation. And such a result she could not anticipate without great dread and fearful forebodings.

Not willing to assume the responsibility of such an operation, that is, to decide, under the circumstances, as to the *propriety* of it, though I saw my way clear, so far as the power of endurance of the patient and the method of the operation were concerned, I called a council, consisting of Drs. Houghton of Windham, Hedge of Gorham, Durgin of Portland, John Buzzell of Cape Elizabeth, and Hobbs from the East (who happened to be here at the time of the operation), to advise in the case and decide in reference to the practicability and expediency of the operation. The council, after due examination and discussion, unanimously came to the following conclusions :

1st. That the patient, without the operation, must soon die, and must inevitably suffer much pain and inconvenience first from the diseased limb.

2d. That they had good reason to believe that, from the constitutional vigor of the patient's system, evinced by her speedy recovery from other operations, she would survive this operation.

3d. That although they had no reason to hope that the operation would *remove* the disease, which had apparently taken possession of her system, they believed that it would render life more comfortable, and perhaps somewhat prolong it.

These conclusions being made known to the patient and friends, they desired that the operation might be performed.

As from the diseased state of the soft parts immediately beneath the arm or axilla, the ordinary method of amputation at the shoulder-joint could not be fully adopted, I will briefly detail the steps of the operation. The patient being properly under the influence of chloroform, and other preliminaries being attended to, assisted by other surgeons present I commenced an incision at the anterior margin of the deltoid muscle where its anterior edge crosses the tendon of the pectoralis major, from thence down by the margin of the deltoid to the lowest point of its insertion in the humerus. Starting again, with the knife in the left hand, it being the right shoulder to be amputated, at the posterior margin of the deltoid muscle, opposite the upper point of the first incision, followed down said muscle to the lowest point of first incision. The incision on each side being carried deep to the bone, the integuments and deltoid muscle were readily dissected up, and reflected upon the shoulder, bringing the shoulder-joint plainly into view. Finding the capsular ligament of the joint very strongly attached to the head of the bone, and the joint immovable, I was forced to cut through the joint, which I could readily do, as the head of the humerus as well as the neck of the scapula were very much softened, and thus disjoined the shoulder. As the soft parts over the shoulder and neck were so much tumefied, there could be no reliable pressure made upon the subclavian. Therefore I was compelled to rely upon the seizure of the brachial artery in this operation. After dislocating the joint, I passed a catlin beneath the neck of the humerus and as near as possible to the bone, and passed it down close to the bone until I was able to seize the artery between the thumb and fore-finger of my

left hand ; and then carrying the catlin downwards and inwards, I made the underflap as is usual in this method of operation. But my only motive in making this flap was to afford me an opportunity to secure the artery, the propriety of which will presently appear. I then introduced a slender groove director up the sheath of the brachial artery, by which means, with a pointed bistoury I was enabled to trace the artery deep into the axilla, and expose it to view so that it could be conveniently ligated. This being done, and having preserved enough integument and muscle from the outside of the arm to fill up the space made by the removal of the scirrhus tumor in the axilla, I next made an incision around the diseased parts, corresponding in form to the outer flap upon the arm, and dissected out the tumor, which was strongly attached to the fascia over the ribs and intercostal muscles, taking with it that portion of flesh taken from the under part of the arm. The outer flap from the arm was then brought into the wound in the axilla, which it filled precisely, and was secured by sutures, &c. Not a gill of blood was lost during the operation. The time occupied upon it, in the dissection of tumor, ligating arteries, &c. was fifteen minutes.

The patient was very quiet and insensible during the operation, and was remarkably comfortable after it was through. The wound proceeded to heal at once, and in ten or twelve days its edges were nearly united, except at the lowest point, where was the discharge. At the expiration of twenty days everything looked prosperous. The patient residing some fifteen miles from the city, she was left in the care of a medical attendant near. The bandage making slight pressure over the wound, it was removed about this time or slackened, and a very profuse arterial hemorrhage succeeded, in the night of the 21st day, which in spite of the skill of the attendant, occurred the second and third time, until life was almost extinct. I was sent for, and of course prevented its recurrence by the simple application of pressure and cold. By the free use of bark and wine the patient revived, and seemed again rapidly improving. In about ten days after the bleeding was arrested, she was seized with the dysentery with bloody discharges, which of course quickly reduced her again, and changed the whole aspect of the case. Her strength being so low, the soft parts about the wound became gangrenous and began to slough, over the shoulder, &c., which continued until death relieved her of her sufferings. This occurred about two months after the operation was performed. I removed, before her death, a large portion of the scapula, which became detached, and a portion of the first rib. The humerus of the arm removed showed signs of disease nearly to the elbow-joint.

As I before stated, it was not expected that the operation would remove the disease of the patient, or that her life would be much if any prolonged. I have no doubts, however, that had not the hemorrhage occurred, the patient would have lived much longer, though doubtless to suffer much more than she did. She did not suffer half as much pain and inconvenience after the operation was performed as before, and she often expressed her gratification that she was saved from the incumbrance and pain which she endured previous to the operation.

Portland, Me., Nov. 28th, 1854.

OBSERVATIONS ON EPILEPSY.

[Concluded from page 376.]

CASES, WITH RECOVERY.

CASE I.—Mr. ——— called on me Aug. 8th, 1849. Aged 24 years. Has had *fits* eleven years. Had *nervous spasms* previous to the fits for three years. He is a boot-maker by occupation—knows no cause for his convulsions. Sometimes has two or three *fits* in succession; frequently has *spasms* without loss of consciousness, and without convulsions. Has most of them in the latter part of the night. *Appetite voracious*. Bowels generally loose; usually has an operation from the bowels and a *fit* before breakfast. He is of a nervous temperament, and has the marks of a debilitated system and broken constitution. Was addicted to masturbation when a boy. Hands and feet cold, indicating a low state of the circulation. Works upon the bench every day, and eats three full meals, laboring till 8 o'clock at night, then eating a hearty supper, and immediately retiring. Gave him his remedies; told him to live light morning and noon, and *take no suppers*. Had a fit the first morning after prescription, and no more for a year. Gained twelve pounds of flesh in three months, living without suppers. He afterwards returned to his old habits, and his fits commenced again, but has never had them half as often as before. His case depended wholly on himself, and he might have been permanently cured, *if he would have paid the cost of temperance*.

CASE II.—Mr. ——— was brought to me by his father, Aug. 27th, 1849; aged 16 years. "Was troubled with humors when a child. Was ten years old when he first had *spasms*. He sees sparks of fire and his eyes glare for the last two years. When he had the first fit, the family doctor was called in, and gave him calomel." His father "thinks his *fits* were caused by his bad temper." His older brothers finding him to be irascible, were in the habit of provoking him, to see how angry they could make him. It was in one of these fits of anger that his first epileptic attack occurred; and whenever he afterwards became angry, he would fall in a convulsion. He improved under treatment for six months, but fell, finally, a martyr to his ungoverned passions, and the folly of his brothers.

CASE III.—Miss ——— applied to me May 2d, 1847; aged 47 years. Has been subject to fits fifteen years. Falls down suddenly, and has to be carried out of church often. Always has a fit after being much fatigued or excited. Is a laboring woman. She recovered under a well-regulated diet and the use of the remedies before named. Got married, and has had no return of the convulsions for the last seven years.

CASE IV.—Mr. ——— applied April 6th, 1846; aged 21 years. Has had epileptic fits for four years, since he had the measles. Is a boot maker by trade. Health generally feeble—a fair specimen of those debilitated constitutions in which epilepsy prevails. Was put upon a spare and nutritious diet, with the medicines before named. Has had but one slight convulsion since, and that was induced by fatigue and fright on the day of the celebration of the introduction of the Cochituate

water into Boston. He was a member of the Sons of Temperance, and on that occasion stood on his feet from 9 A.M. to 4 P.M. He said he was spoken to in a quick, sharp way by one of the officers, and with the fatigue and this sudden fright, had a slight convulsion. He has now had no fits for several years, and enjoys tolerable health, though, with his enervated constitution, he can never be strong.

CASE V.—Miss ———, 17 years old, was brought to me by her father, March 12th, 1849. She had been subject to convulsions from the time she was 8 months old, but had only one at a time. At this period she had one a week. Her father said, "She had been under *regular* treatment, under homœopathic, hydropathic, eclectic and Thomsonian." I gave her a small vial of medicine, composed of *tr. stramonii et cotyl. umb.* When she took it, she exclaimed—"Is this all? Why, where I have been, I used to carry home my arms full of medicine." The 25th of April, she called again. Had had but one fit during the last six weeks. I prescribed for her again, and then lost sight of her for three months. Then the following incident occurred, which shows the *honesty* with which patients or their *friends* sometimes deal with physicians. Providentially meeting her father, he said "his daughter was no better, and he was almost discouraged." I replied, she seemed better when I last saw her. He said, "yes, she did; but she is no better now." In a few days, the patient came to see me again, and, upon telling her I thought she seemed better when I last saw her, and inquiring where she had been, what doing, &c., she said, "Yes, she was, but a good friend of theirs paid ten dollars for a package of *Dr. Hart's* medicine [I think it was], and sent it to them, and it was so well recommended that her father insisted upon her taking it, which she had been doing, and *the worse* was the result." She *improved* again under my prescription, but continued, at my last knowledge of her, to have a fit about once in three months. She was a spoiled child—wilful, and ruled both father and mother, and not with a very *silken* sceptre. We shall see, as we proceed, that *fits of madness* were often *the* devils which possessed epileptics, and we may rest assured that no others are more *devilish* than these often are.

CASE VI.—Mrs. ———, a married woman, aged 38 years; began to have fits soon after confinement with her first child, when 19 years old. Previous to the birth of the child, was bled, for fear of convulsions. Had convulsions soon after being bled. The child was born while the convulsions lasted. She remained insensible for three days. Four weeks afterwards had spasms in the night. Has since had fits once in seven weeks, two at a time. Has no premonition of them; and the first she knows, finds her friends rubbing her. Has been treated by all kinds of doctors. Two years after the first fit, she had a living child. Hands and feet usually very cold. Has been bled seven times. Her fits are lighter during pregnancy. Is very subject to headache. Has her fits always in the forenoon. She was so much improved while taking valerian, sanguinaria and stramonium, that her fits were but half as often as she had had them previously. But she did not wholly recover under my treatment. I have not heard from her for the last four years. She thought being bled always injured her, and I doubt not her opinion was correct.

CASE VII.—Miss ———, aged 35 years, has had convulsions since she was 14; knows of no cause for them. Has had them as often as once in three weeks. General health poor; extremities cold; appetite good. Has very singular feelings for several days previous to, and several days after, a fit. Once took medicine from a lady in Roxbury, and had no convulsions for four years. Then took medicine from Dr. Lyman, of Woodstock, Conn., and was free from convulsions again for nine months; since which time, they have returned, as formerly, once in three weeks. Prescribed *oxide zinci et cotyledon*, under which she went six months without a return of the disease, when she was taken with dysentery, and died.

CASE VIII.—Mr. ———, aged 56 years; a distiller (in the days when distilling was an honorable business as well as lucrative). Seven years since, he had a convulsion, supposed to have been induced by fatigue. Six months after, had a second attack. Has since had them as often as once in three months. Head often dizzy, but not painful. Food distresses him if he takes too much. Has been in the habit of taking physic almost constantly for several years—a sufficient cause to make any well man sick. Now has his fits always in the night. Thinks he has taken all kinds of medicine. Extremities cold. Has been troubled with rheumatism. Prescribed *cotyledon and stram*. Had no fit for four months. Has had one since, but none for the last two years.

CASE IX.—July 16th, 1849, a clergyman brought to me his son, aged 10 years. His mother had a sister who was epileptic. This was one of those numerous cases in which the disease is induced by forcing the mental powers and neglecting the physical. At the age of six years this child (usually bright and sprightly, and of a nervous temperament) could read English and Latin well. Then he became highly excitable; soon had spasms, and these soon terminated in epileptic convulsions. At the present time, he has a convulsion almost every day, usually early in the morning. His appetite is voracious, and he has been allowed to indulge it *freely*, as he is a *feeble* child and has a large share of compassion both from a kind father and an indulgent mother. I have no doubt that these two errors of his parents—first, the unnatural forcing of his mind, and secondly the full feeding of an unnatural appetite—were the cause of his convulsions. Once, upon being kept within reasonable bounds of eating for a single week, he had no convulsion during that time. Then, being permitted to visit a friend's house, where he was allowed also to visit the pantry and partake freely of mince pie, cold pudding and squash (enough to make any well child sick), within twenty-four hours he had three epileptic convulsions. As no medicine could do any good with *such habits*, and as such habits could not be changed under *such parents*, all treatment was abandoned, and he soon died.

CASE X.—Miss ———, aged 17 years, came August 15, 1849. When six years old was struck with lightning, which injured one foot and destroyed one shoe. Has always been very *nervous*. Has now had convulsions about once in three weeks, for more than a year; is stupid in them usually from one to two hours. Has been under the care of an excellent and judicious physician, and under his advice has been kept

from school for more than a year. She did not appear to be benefited by either *sanguinaria*, *cotyledon* or *stramonium*, which were tried for two months ; but was entirely cured in six weeks, by an infusion of *digitalis*, ℥j. of the fresh dried leaves, to Oj. *aqua bull.*, of which she took ℥ij. twice a-day, with gr. j. of valerianate of zinc in each dose. She has remained free from convulsions till the present (Sept 20th, 1854), a period of four years. Resides in Boston, and calls with her good mother about once in six months to tell me how well she is.

CASE XI.—Mr. ——— called December 15, 1849 ; aged 34 years. Has had epileptic fits fourteen years. Had been addicted to the *solitary vice* from childhood. Has convulsions once in three weeks ; thinks they continue half an hour. When he has them often, they are less severe. His constitution is much shattered, and he is a mere wreck of a human body, and would be, one would suppose, a sufficient warning to all who should see him, to beware of infringing nature's laws. Has some bronchial irritation ; feet and hands cold ; bowels sluggish. "Has taken a cart-load of physic," and is well *marked* with nitrate of silver. This case is bad enough, and it is difficult to decide whether the patient's present wretched state has been induced more by his vile habit, or by his *fourteen* years dosing and drugging. I think they have both contributed their full share to render his body what it is. He was too far gone to recover, but improved under *tonic* treatment so as not to have a convulsion oftener than once in three months.

CASE XII.—Mr. ——— came December 15th, 1849 ; aged 20 years. "Had the first spell when he was 13 years old ; had *spasms* when 9 months old ; is not regular in the spells, but has them once in two, three and four weeks ; has them worse at the *new moon*." Whether this is really so, or only imagined, I am unable to decide. An eminent European physician, who had charge of a hospital for the insane, after many years came to the conclusion that his *insane* patients were "*more insane* at every change of the moon." This patient is moody, sulky and melancholy. "Appetite good ; always has a severe headache before a fit ; feet and hands cold." He has every indication of a relaxed, debilitated system. "Has taken a great deal of medicine—been under a great many doctors ; never *expects* to get well." He was not benefited by three months' treatment, and, probably, never will be. As already stated, I consider these cases of a *melancholy* temperament or cast, the most unpromising of any. They very rarely recover. In them, the effect of the *mind* upon the *body* is most disastrous. In such cases, the brain may have become diseased by the frequent congestions to which it has been exposed by the fits. It is, perhaps, an evidence of such a diseased brain, that few are so melancholy in the first stage of epilepsy, and those who are not, often recover under proper treatment.

CASE XIII.—Mr. ——— came December 28th, 1849 ; aged 34 years ; by occupation a house-carpenter. Has had fits two years ; knows no cause for them, but was taken with the first soon after sleeping in a damp place. Has but one fit at a time ; generally has had them in the night, but now has them in the day-time. Has taken a great amount of medicine ; "took *Dr. King's specific*" for a long time, but it did him

no good. Has great pain in the head just before a fit. Was married two years previous to the fits. Hands and feet cold. Has every mark of a debilitated constitution. This patient came to Boston with a man servant, and remained here under treatment three months. The servant one day came running for me, almost breathless and apparently half frightened out of his wits. He said his master was in a dreadful condition—his lower jaw hanging down, and he unable to speak; wished me to go as fast as possible, as he feared he would be dead before we should get to him. I found him in great fright, walking the room, which was filled with some ten or a dozen persons in sad consternation. He was making an unearthly noise, neither speaking nor screaming. Having thrust the butt end of a clothes-pin between his teeth, I put my thumbs into his mouth, one on either side of it, and my fingers under the ends of the jaw, and pressing upward and forward, the two ends of the jaw readily took their places with a snap like the discharge of a pop-gun. A gladder fellow never lived. "O, doctor," said he, "you have saved my life. The Lord bless you." He was much relieved, but not permanently cured, while under treatment.

CASE XIV.—Mr. ———, aged 28 years, came January 10th. 1850. Is engaged in teaching in the winter, and makes boots in the summer. Enjoyed good health till he was 21 years of age. Commenced by slight tremors, and gradually increased till it came to this. His first convulsion was in the year 1845; his second, two years afterwards. He has the *epileptic aura* in the left leg; it begins in the foot and gradually ascends to the stomach, and when it arrives in the region of the heart, he sinks away and knows no more till he finds himself in the hands of his friends. His appetite is good. He is bilious, bowels costive; does not sleep, but dreams. Has been married three years. Wife has had one child, stillborn. His fits latterly have been in the night, and they last ten minutes. Has had medical treatment in a hospital. His skin is discolored by taking *nitrate of silver*. He was much relieved, but not permanently cured by my treatment, which was a combination of sanguinaria, cotyledon and strychnia.

CASE XV.—Mr. ——— came Jan. 30, 1850; wheelwright; aged 46 years. Had the first fit eight years ago—caused by *fright*. Had spasms two years before he had a fit. Had the first one in the night, and another in four weeks; then went three months without another. Used to have the nose-bleed excessively some years before he had convulsions. Cut himself with a scythe and lost much blood, a short time before he had the first fit. Was often bled for his fits in the early treatment which he received. Has been under the care of a great many doctors; does not know as he was ever benefited by any of them. His skin is tinged with *nitrate of silver*. This man was under my treatment one year; at the end of which time he had no convulsion for three months. One year after, he wrote me, "As to the spasms and fits, I hope I have got over them both; I have had no fit for more than twelve months." He took tincture of stramonium, tincture of sanguinaria, and the extract of cotyledon, in such doses as the stomach and nervous system would bear—occasionally changed for the ferrugi-

nous preparations, good living and plenty of old Scotch ale. I have no doubt his fits were caused by debility consequent upon great loss of blood.

CASE XVI.—Miss ——— was brought to me by her father, Feb. 5, 1850; aged 16 years. She is a beautiful and apparently amiable girl—lovely as an Houri, and formed in nature's most perfect mould. Had one fit when 3 years old; had another at the age of 7, and no more till she was 14. Has had turns of being faint for several years, about the time for the monthly period. Has a fit about once a month. Appetite voracious. She is very excitable, loves to go into company, feels ugly if her parents do not indulge her in this wish. Hands and feet cold. Has taken considerable medicine. One doctor prescribed the following, which she took without benefit, till he ordered it discontinued for fear it would *blacken* her skin—R. Nit. argent., ʒj.; ext. hyosciamii, ʒij. M. Ft. pil. no. 60. Dose, one three times a-day. When I informed her what I wished her to do, or rather, *not* to do, for it was principally to leave off what she was doing, she replied she was about as willing to have her fits. The prescription was that she must quit going into company, forbear everything that was exciting, bring herself within reasonable bounds of diet morning and noon, take no *suppers*, and retire early. After a few moments consideration she said she would *try*. I told her if she would try, I would, and I doubted not but she would recover. She resided in a neighboring State. Her father wrote me occasionally, and I sent her medicine as it was required. She had no more convulsions for four months. At the expiration of that time, her father wrote that she had had another *ill-turn*, and that it occurred on this wise. She had been assisting her mother (in the absence of their girl) about washing—had become much fatigued, and then partaken of a hearty dinner of *baked beans* and *cold pork*. This was so contrary to my directions, that I felt it my duty not only to administer medicine, but also a sharp rebuke. From that time to the present, a period of four years, she has never had a convulsion, has enjoyed good health, and is married and prosperous.

CASE XVII.—Miss ———, aged 17 years. The first attack was caused by fright, two years since. Her “spells” come on by her being unable to control her hands, and especially her feet, which fly like drum-sticks. During the few minutes which these motions continue, she remains conscious; she is then lost, and goes into convulsions. Has one of these attacks as often as once in three months. They commence by her feeling frightened, and the hands beginning to *jerk* slightly. Has been prescribed for by several physicians. She came under my care April 23d, 1850, and remained in Boston six months, during which time she never had an attack. Two years after, she became suddenly frightened, and had another “spell.” Since then, she has remained well; and her mother wrote me recently that she considered her “cured.”

CASE XVIII.—Miss ———, aged 18 years, came to Boston Jan. 28th, 1851. Subject to epileptic fits once in two weeks. During the first four weeks she had a convulsion every week, which was twice as often as she had been accustomed to have them. She then had no more for three months. She had prepared to return to her home, well, and in

good spirits. I saw her the evening previous to her expected departure, and observing that she was much elated, cautioned her to be calm, and not to become excited the next morning. Notwithstanding this admonition, she slept but little, rose at 4 in the morning, and before 7, the hour for breakfast, had a fit. She then remained three months longer under treatment, and had no more during that time. When she had been free from these attacks for some months, I providentially met the accomplished and skilful physician who had prescribed for her previous to her coming under my care. He inquired if I could "make her govern her temper." I told him I had succeeded tolerably well in that respect. He said he thought he "could have cured her of the *fits*, if he could have made her govern her temper; but there he utterly failed." I never doubted that he had the true view of the case. She was a "spoiled child," accustomed as she had been to govern father and mother, and all else which came in her way, except her own spirit. She will never be permanently cured of her fits till she governs her own spirit, and that, probably, will never be. W. M. CORNELL, M.D.

EVIL EFFECTS OF SHAVING THE BEARD.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I am prompted, by remarks recently made by a learned professor of theology, on his conflicts with the razor, to ask if the habit of shaving is not both deleterious to the physical health, and deteriorating to the races which practise it? The professor thinks that by shaving daily for forty years he has wasted a year and a half of laboring time, and nearly fifty pounds of beard, to say nothing of the blood and tears he has shed, and the agony he has endured. It has, he says, been the great misery and *waste-way* of his life, and he would give the world if he possessed it, as would thousands of his brethren, if custom would sanction the omission of shaving.

Now I have, within the past year, perhaps owing to my own long-beardedness, which, by-the-by, is indispensable, heard so many similar remarks, both from eminent ministers of the gospel and other citizens of most sterling sense, and witnessed personally so much evil from the habit, that I cannot forbear requesting the privilege, through your excellent Journal, of saying that, comparing the present with the past, there seems to me a fearful deterioration in the physical organization of our race, worthy of the most serious and immediate attention of every true-hearted American, patriot and philanthropist. It cannot but be obvious to all who regard the future defences of our country, that large families of robust and healthy children are far less numerous now than they were in former days. Scrofula, that truly direful scourge of pro-shaving England and America, invades, in some one or more of its many hideous forms, almost every domestic circle of our American population. The indescribable pangs of neuralgia, which were scarcely known to our ancestors, are now as familiar as household words in our families. Nearly as much is true of bronchial and catarrhal affections, erysipelas, heart-disease, premature defec-

tion of the senses, physical deformity and prostration ; coughs, and consumptions which waste away the strength and beauty of our homes, and dry up the fountains of our joy. Another eminent professor, whose active love of humanity has familiarized him with the customs and conditions of many nations, says—"I have been much among the Abrahamic race who never violate the command—not to mar even the corners of their beards, and I never saw an instance of drunkenness or pauperism, nor of premature physical debility or hereditary disease, as they exist among pro-shaving nations. Who shall say that this chosen people, this most heavily bearded of all races, is not by their religious devotion to the laws of health, destined to stand upon the earth and fill it with unabridged, unadulterated manliness, when other nations of greater boasted light and knowledge shall, by their fool-hardy violations of nature, have consumed themselves and passed away ?"

The aboriginal inhabitants of our soil and climate were once brave, powerful, and numberless almost as "the stars in the sky, the leaves on the trees, and the sands on the sea-shore." But they waged war unceasingly against nature. They resisted her kindly efforts to mantle their faces with manly beards, grew each generation more and more effeminate, became an easy prey to their enemies, and now, like the beard which they so obstinately uprooted from their faces, they are themselves uprooted from the face of the earth. The Chinese, too, have been "*shorn of their locks*" and their strength, till as a nation they have but little more than a nominal existence. I speak from the experience and close observation of more than twenty years of dental practice, in saying that I have not a doubt that to the loss of nutrition, and to the exposure and derangement of the animal functions caused by incessantly scraping off the beard, is to be attributed much of the alarming increase of premature defection in the dental organism, which tends directly to imperfect mastication, indigestion, dyspepsia, and "all the ills that flesh is heir to." It is now no uncommon thing for children 10 or 12 years old to need extensive operations on their secondary teeth, nor for young men and women of 20 to require whole sets. Truly, with a vengeance have the fathers eaten their sour grapes. At this rate, how soon as a nation shall we be "*sans eyes, sans teeth, sans everything* ?"

This increasing degeneracy is no new idea ; but while one attributes it to a variable climate, another to unventilated houses, another to lead-poisoned water, and others to flour *too finely*, or to food too coldly, too hotly, or too hastily *bolted*, few only venture to speak boldly of the tons and tons of the physical stamina and manliness of pure Americanism which is daily sacrificed by the relentless razor to that despotic Delilah, Fashion. Pulmonary disease, bronchial inflammation, cough and night sweats, had so reduced my system more than a year ago, that eminent physicians in Boston and elsewhere assured me that my existence would soon be terminated. Resolved, however, if go I must, to go as whole and resistingly as possible, I discarded at once, and as I now joyfully believe *forever*, the use of my razor. The result is—a restoration to almost perfect health, and freedom from thirstiness and debility which seemed formerly to demand so much medication and artificial stimulation. That

I have a heavy grizzly beard is most true, and that it is offensive to existing tastes it grieves me to say is quite as true. But that it is repulsive, excessively so, to the shallow-brained dupes and votaries of mere unsanctified custom and conventionality, troubles me so little that I survive the caustic joke, the scornful smile, the withering frown, the cold shoulder and diminished patronage, assured that I am a thousand fold repaid not only in restoration to health, but in "a soul's calm sunshine and a heart-felt joy" which exists only in a consciousness of rectitude that can afford to be laughed at.

It is far from self-conceit which prompts these remarks, or urges me to say that the accumulation of facts which as a matter of course must have resulted from my long-bearded experience, will enable me to give comforting suggestions to such as are almost persuaded to follow the teachings of nature and true philosophy in this matter. The task is harder in later than in earlier life, before the beard is excited to unnatural growth. And as there is, as I most solemnly believe, not one well-founded argument why men of any age or condition should continue the habit of shaving, there can be none why boys should ever commence it. Nor would one of a thousand of them do so, if they only knew its evil consequences. It not only destroys the germs of their future physical health and manly beauty, but it wastes away the dews of their youth, their native simplicity, their truthfulness and confidence in the wisdom of their Creator. Neither the image of God nor any of his works remain sacred in their sight. For if, as they say, the "human face divine" may be improved by their boyish efforts, what of God's creating may not be? Nature's teachings and the dictates of conscience become less persuasive than human wisdom, and they verify the fact that man, though formed at first upright, will "seek out many inventions."

The habit of shaving is not of "origin divine" as thousands seem to think, but quite the reverse. The ancient patriarchs, the holy prophets, Christ and his disciples, and the earlier and probably purer christians, deemed it a violation of the laws of their nature. Alexander enforced it upon his army that they might thereby gain a bloodier conquest. The nobility of Spain adopted it through courtesy to their beardless prince. The mass were of course subjected to the humiliating process, but expressed their repugnance to the outrage in the well-known proverb:—"Since we have lost our beards, we have lost our souls"—that is, ourselves, our identity. We are rather soulless slaves, than the men our Maker made and designed us to be.

Will not the free-born sons of America, whose pure patriotism scorns the dictation of foreign potentates, dare to be morally as well as politically free—free from all conventionalities which oppress common humanity, and weigh heavily on the mass of our population; and especially free from every influence which insidiously tends to vitiate and depress the true manliness of man, and womanizes those masculine and gigantic powers which are to be our country's defence against the jealous, hungry, couching nations about us? And will not their mothers, sisters, wives and daughters, second these efforts, and exercise their own good taste in creating and sustaining such purely American fashions and habits as

will, to the end of time, render them and their progeny still more excellent in all the various relations of life?

Yours truly, E. SANBORN.

Andover, December 3, 1854.

THE SUGAR-HOUSE CURE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In one of my articles on the sugar-house cure, published in your Journal (October 4th, vol. 51, pages 198 and 199), I alluded to the case of Dr. Chapellier in proof of its virtues, as a distinguished physician who had become entirely disabled from a disease of his chest, left his practice and came to this city to die among his French friends, and was almost forced by me into a sugar-house against his will and that of his friends. After remaining in the sugar-house a short time, he got so much better, that instead of returning to his sick-bed, he soon afterwards resumed his practice and continued in the laborious service of his profession until near the time I wrote the above-mentioned article alluding to his case. It was in the latter part of the year 1852 that he went into the sugar-house, and it was in September, 1854, that I forwarded you the account of his case. No details of what transpired in the sugar-house were given, as I wrote to him for them. When my letter reached him, he was lying very ill from an acute attack of inflammation of the lungs, and it was not until the first of October last, that he was able to reply to me. I enclose you an extract from his letter of that date. The acute attack was followed by extensive softening of tuberculous matter, and he died at Natchez on the 20th inst., much regretted by the physicians and the people of that place, where he had long practised his profession. He graduated in the University of France in the year 1828, being a native of that country. After graduating, he immediately commenced the study of medicine, and pursued it ten years, and in 1838 received his diploma in Paris as Doctor of Medicine. He was acknowledged to be among the most thoroughly-educated physicians of the French school. He stood among the highest in his profession in this country, and was universally esteemed by all his acquaintances as a man of great probity as well as usefulness—being a laborious and successful practitioner. He died in the christian faith. His letter of the 1st of October is among the last he ever wrote. The experience of such a man in regard to the sugar-house remedy is too valuable to be lost, and I send you all that part of his letter relating to it.

Respectfully, your ob't serv't,

New Orleans, Nov. 29th, 1854.

SAM'L A. CARTWRIGHT.

Extract of a Letter from Dr. Chapellier, dated October 1st, 1854, to Sam'l A. Cartwright, M.D.

“When I left Natchez for your city, in 1852, I looked like the shadow of a man. There was hardly any flesh on my bones—the skin usually dry, but nearly as white as snow. I was very feeble—had no

appetite—my lungs expanded with extreme difficulty. The least exercise shortened my breath, and promoted the most intense spell of coughing. I then expectorated, once in a while, some purulent matter, but most generally phlegm. At night my cough was the worst. I do not believe that I once slept two hours in succession. I informed you of my arrival in your city. You hurried to see me, and advised me to repair to a sugar-house as soon as possible, as the rolling season would soon be over. I went to Mr. Lapice's plantation, where I was received as if I had been a son or a brother of the family. The breathing of the vapor was rather pleasant to me, and I thought that I was breathing more freely. I drank plentifully of the juice of the cane, as hot as possible. The vapor did not oppress; on the contrary, as I said already, I felt more relief after inhaling, from the first day to the last. My appetite increased, and I was even hungry between meals. I also became more fleshy. I was certainly much better when I got back to New Orleans. I felt strength in my limbs that I had not experienced for many months previously. I did not stay long enough on the plantation—but it could not be helped. * * * The treatment of bronchitis and consumption by the vapor is bound to succeed, if used in time. This is my candid opinion—and I give it to everybody as such, even to the most incredulous. You know yourself that I had a prejudice against it. I followed your advice rather as an experiment, and I found it turned out to my advantage, although I remained but a short time in the sugar-house. My situation now is such that I will attempt nothing more—but let nature have her course.” (Signed) FRANCIS CHAPPELLIER.

SUITS FOR MAL-PRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In examining a late number of your valuable Journal, I read of further suits for mal-practice; and while I felt chagrined at the conduct of some of my medical brethren, I rejoiced at your remarks concerning them. I fully concur with you in the importance of a standard work on surgical jurisprudence; and I sincerely hope this want may not be long unsupplied, as we have men abundantly qualified to give us such a work. This will, in a measure, shield us from those upstart members of the bar, who, by their impertinent, irrelevant questions worry and ill-treat members of a profession in every respect equal to their own. Medical men do not fear legal *gentlemen*; yet they protest against the scurrilous attacks of some who claim to be such—who pretend a knowledge in law superior to Blackstone, and in medicine to Galen.

We should not, however, wholly charge this home on those above named. We too often find the *viper* within our own ranks; those who from envy or rivalry seek to destroy the hard-earned fame of one in every respect their superior. Those puny strife engenderers, who stir up these unnatural suits, deserve the execrations of all classes and conditions in life; and while they should be shunned and left to wallow in their own filthiness, an indignant community, or the guardians in our profession,

should promptly refund, by subscription, every cent thus worse than stolen.

I believe the time has fully come, when our own protection, not only as individuals but as an intelligent body, demands this *Vandal* warfare should be carried to *Carthage*; and I have wondered that while some of our household have occupied seats in legislative halls, they have as yet suffered these vile stains on their honor. The change must come.

November 13, 1854.

S.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 13, 1854.

Anaconda on Exhibition—An Indigestible Meal.—An immense anaconda is now on exhibition at No. 22 Howard street, in Boston, recently brought from the neighborhood of the Congo river in Africa. It is said that his length is between twenty and twenty-five feet, with a girth of thirty inches in the largest part of the body. Of the accuracy of these assumed measurements, however, we shall not vouch, since the attempt to get at the precise feet and inches of such a monster would be quite as difficult as the rats found it to hang a bell on the cat's neck. There are a few curious circumstances connected with this great reptile stranger, since his arrival, which are worth chronicling. Just before leaving his native land he took a hearty meal of a dog, and no other food was eaten by him for seven months after. About the first of October, this king of snakes arrived in Boston, and was lodged in a large case with very strong glass walls, and a double English milled blanket, folded into four thicknesses, furnished for his bed. On the 20th of November, Mr. Sears, the proprietor, thought it was full time to tempt his appetite, and therefore introduced a rabbit into the den, just at evening. On viewing the interior the following morning, the blanket was missing, while the rabbit was still alive! On Wednesday, seven days after, the blanket was discharged, whole and unimpaired, after a circuitous journey through an intestinal tube of nearly one hundred and fifty feet. It may now be seen in the apartment—being six feet wide by seven in length. Since that period, he has exhibited excellent health, and has devoured a fowl. Every few days he drinks about three quarts of water—sucking it all up at once. When an animal is given for food to one of this family of serpents, it is eyed intently for an instant, and then the poor trembling creature is suddenly crushed in the huge folds of the terrible monster—the cracking of the bones being distinctly heard at quite a distance. Thus prepared for swallowing, the body is still held in a coil, which is equivalent to a hand, and kept steady, while it is gradually sucked down the throat of the animal, into the stomach, where it is slowly digested. It is the opinion of Mr. Sears, that when the anaconda sprang at the rabbit, mentioned above, by some mistake in calculation the latter escaped, and the edge of the blanket was seized by the teeth. When these are once engaged, being for holders and not for mastication, it is quite impossible to disengage them; and hence whatever is once drawn into the mouth, must necessarily go down the throat. Even the muscles of deglutition seem to act independently of volition, and urge the morsel along by strong, convulsive, peristaltic contractions.

Surgical Apparatus for Fracture of the Clavicle.—It will be gratifying to the profession to know that Dr. Fox's surgical apparatus for fracture of the clavicle, as modified and improved by Dr. E. Bartlett, of East Boston, may now easily be obtained. Dr. Fox's apparatus has been in use in several of our large hospitals for the last quarter of a century. Every surgeon must at times have been impressed with the necessity of having some *simple* and *effective* means at hand for keeping the fractured ends of the clavicle in apposition; and no doubt many of them have had, too, while treating such cases, phantoms of suits at law before them for mal-practice, in consequence of any deformity that might *possibly* arise therefrom. Now if every physician and surgeon will provide himself with the package containing Dr. Bartlett's apparatus, and properly adjust it when it is needed, all such inconveniences and feelings can at once be overcome. We would not apply the twenty or more yards of Desault's bandage for the price which Dr. Bartlett asks for his; and the profession well know, if that bandage is not very nicely applied, what the consequences must be to the patient. The apparatus of Dr. B. is equally well calculated for fractures of the acromion process and neck of the scapula. As it is his intention to have only a limited number manufactured for the present, we would recommend our friends to send their orders at once to his agents, Messrs. B. S. Codman & Co., whose advertisement may be found on our outside sheet.

Worms coming from the Body after Death.—An esteemed correspondent has sent us an account of "*a most extraordinary case*," which he says he "clipped from a newspaper printed at Willimantic, Conn." We should have preferred that our friend had investigated the circumstances of the case before he sent it to us. These snake, lizard and worm stories, connected with human life, disease and death, have been quite common for many years, and when they have been fully investigated by scientific men, have generally turned out to be but "two cats, ours and another one," or else nothing of the kind ever happened. Our readers may remember that some three years since, we chronicled in the Journal the report of a most remarkable operation in this city, by which it was alleged that one or more snakes were taken from the abdomen of a woman. The public believed it, for they had *seen* the snakes in a bottle, in which they had been preserved by the skilful and benevolent operator, who publicly exposed them in his window. It was found, however, to be all a ruse for obtaining notoriety. But this case appears to be of a different character, and we therefore publish it as reported.

"The deceased was a maiden woman, some 55 years of age, named Nancy Chaffee. She was not of the sharpest intellect. Her health had been poor for about a year, yet she had all the while a remarkably voracious appetite. She would eat more than two hearty men, and still she was exceedingly thin, and appeared to be wasting gradually away. She was able to keep about the house usually. Saturday, the day before her death, she felt a little worse than usual, and ate little. Sunday morning she arose much as commonly, and ate her breakfast. Soon after she felt faint, and had assistance to lay her on the bed, where, in an hour, she died.

"But the most extraordinary part is yet to be told. In two hours after her death worms crawled out of her mouth and nose upon her face, to the number of a dozen; and before the body was put into the coffin, which was about sundown the same day, 28 had come from it through the same ave-

nues. Life had scarcely departed before an insufferable stench proceeded from the corpse ; and when the body was about to be prepared for the coffin, alvine secretion was discovered oozing through the skin of the abdomen, and overflowing the mouth. The sight and smell were so inexpressibly loathsome and sickening, that the persons engaged in these last duties to the dead, were obliged to fly the room. The most that could be done was to roll the corpse up in the clothes the deceased had on when she died, and put it in the coffin as it was. It is evident the poor woman was literally eaten up with worms. The intestines had been eaten through, and the contents, in a fluid state from a cathartic which had been administered a short time before death, had discharged into the trunk."

Asylum for Inebriates.—The State of New York will apparently have the honor of erecting the first Asylum in the United States for the poor inebriate. Massachusetts should have taken the lead in this matter. Not that there are more inebriates within her borders than in the other States, but it would have been in character with her known liberality in fostering institutions for benevolent purposes. We have philanthropy enough left in our citizens to establish a similar institution in this State, if the expediency of the measure should be made apparent ; and we sincerely hope that our next legislature may be appealed to for aid in the erection of an asylum that may be useful in curing poor inebriates of their morbid appetite.

Reliability of the Evidence of a partially Etherized Person.—The late trial, and without doubt unjust sentence, of Dr. Beale, of Philadelphia, have awakened an interest among his professional brethren in other parts of the country. We are pleased to learn that they have taken a *rational* view of the whole matter, fully corroborating the sentiment which we expressed in our last number, relative to the reliability of the evidence of the only witness in the case. The press, too, as a general thing, since the conviction and sentence of Dr. Beale, have been discussing his case, and the conclusions which they arrive at, are, that the verdict was wrong and the sentence unjust. Last week the Dental Surgeons of New York city held a meeting for the purpose of considering the whole subject, and interchanging the results of their experience in the administration of ether and chloroform to their patients, a brief abstract of which has been published in the papers. Their statements confirm the opinions above expressed, and moreover tend to show the folly of employing so powerful an agent as chloroform for the common operations on the teeth.

Sickness and Mortality in Emigrant Ships.—Under an order of the Senate of the United States, passed on the 3d December, 1853, a Committee was appointed to consider the causes and extent of sickness and mortality prevailing on board emigrant vessels, &c. They have made an elaborate report, which comes to us in a bound volume of 147 octavo pages. A chronicle of the condition of certain vessels on board of which ship fever, cholera and smallpox have existed, constitutes the bulk of the introductory part of the report. A circular was addressed, by the Hon. Hamilton Fish, Chairman of the Committee, to distinguished men, some of whom were physicians, with a view to obtaining as many facts as possible, in regard to the true condition of passengers, and such other matters as might give them light upon the objects of their inquiry. It seems that from Oc-

tober, 1843, to Dec. 31, 1853, there arrived in the United States, from foreign countries, 2,720,847 passengers. The report abounds in statistical memoranda, gathered from a variety of responsible sources, illustrative of the general bad condition of vessels employed in the emigrant service, as respects the matter of room, berths, food, and ordinary conveniences. Legislation is demanded, to stay the enormous sacrifice of life in the transportation of human beings from one continent to another. It seems a matter of wonder, from the reckless manner in which men, women and children are huddled together in the holds of ships, festering in filth and breathing a poisoned atmosphere, that they live long enough to reach the western world. It would be quite a waste of space to copy the language of this congressional report. The essence of it has appeared and re-appeared both in the journals of medicine and the public papers, till it is really an old story. Whenever the governments on both sides of the Atlantic are resolved to enforce laws which would prevent the evils complained of, then we may hope for better times, and not before. It is absurd to speculate upon this point and that, and make suggestions which are never heeded. The rigid enforcement of stringent enactments will remedy the evil, and nothing else.

Microscopic Anatomy.—Among the decidedly useful as well as elegant publications of a purely professional character, we have not examined any one with more decided satisfaction, of late, than a beautifully-illustrated work, in two volumes octavo, called "*Microscopic Anatomy of the Human Body, in Health and Disease*, illustrated with numerous drawings in colors, by Arthur Hill Hassall, M.D., &c., with additions to the text and plates, and an introduction, containing instruction in microscopic manipulations, by Henry Vanarsdale, M.D." We hardly know what to say sufficiently in praise of this uncommonly instructive production. Every page of it is a banquet, unfolding the marvels of creative wisdom and power. Such extraordinary pictorial displays of the minute organization of the internal mechanism of our bodies, in the two conditions of health and disease, create a strange feeling of wonder and amazement. While the work teaches how to understand appearances, it also points out the physiological functions and anatomical relations of parts. In short, the why and the wherefore in the subjects treated of, are presented in a clear light. Messrs. S. S. & W. Wood, 261 Pearl St., New York, are the publishers. In Boston, call for it at Ticknor & Co.'s, where everything in the line of ordinary medical literature may be procured, whether of home or foreign origin.

Positive Medical Agents.—This is a very useful and well-written book, treating fully upon the properties of the alkaloids and resinoids of plants, such as are manufactured by the Messrs. B. Keith & Co., of the American Chemical Institute, New York. We have not time now to speak of the merits of the work in detail, nor is it necessary to do so, since we have been promised a review of it by a competent person. Suffice it to say, that the preparations of the Messrs. Keith & Co. enjoy a deservedly good reputation among the profession.

Operation for Club-foot.—Dr. Buckminster Brown, of Boston, who is becoming deservedly distinguished in the department of orthopedic surgery,

had the kindness to show us the feet of a young man, operated upon by him some years ago, which were then so shockingly distorted, that plaster casts were taken of them—the patient being then quite a child. No man requires better pedal apparatus than this individual now exhibits. The casts, and the present real feet as restored by art, placed side by side, make a vivid impression in regard to the triumphs of modern mechanical surgery, in overcoming malformations of the bones.

The Sugar-house Treatment of Consumptives.—In the Journal of to-day will be found a brief communication from Dr. Cartwright, of New Orleans, introductory to a letter from the late Dr. Chappellier, of Natchez. This letter is confirmatory of the statement previously made by Dr. Cartwright, in this Journal, respecting the good effects of the sugar vapor in his friend's case, and possesses additional interest from the circumstance of being penned just before the writer's death. Next week we shall publish a full and graphic account of the case reported by Dr. Cartwright in the Journal of November 1, written for the Journal by the lady patient herself.

Dr. Warren's Levee.—Dr. J. C. Warren entertained the members of the Suffolk District Medical Society at his mansion, No. 2 Park street, on Friday evening last. The time was very pleasantly passed in conversation, and the examination of specimens of fossil impressions of foot and other prints, lately procured from President Hitchcock, of Amherst College. They were taken from the banks along the Connecticut river, and are certainly a very fine and rare collection. The doctor took the opportunity of delivering a lecture upon them, which was instructive and interesting. After the intellectual feast, the inner man was also well provided for, and at an early hour the members wended their way homeward, well pleased with their evening's entertainment.

New Locations of Physicians.—Among the removals and new locations of physicians that have recently taken place, may be mentioned the following:—Dr. Edwin Leigh, late of Townsend, Mass., and a contributor to this Journal, will hereafter reside in St. Louis, Mo. Dr. A. B. Hall, our correspondent from Paris, last year, and then President of the American Medical Society of Paris, has located himself in Boston for the practice of his profession.

NOTICE.—The attention of subscribers is called to the bills which many of them will find enclosed in the present or succeeding number of the Journal. Some of them are of long standing, and the publisher trusts will receive immediate attention.

DIED,—At Yarmouth, N. S., James Bond, M.D., 68.

Deaths in Boston for the week ending Saturday noon, Dec 9th. 51. Males, 21—females, 30. Accident, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 1—congestion of the brain, 1—consumption, 9—cancer, 2—convulsions, 2—croup, 5—dysentery, 1—dropsy in the head, 1—drowned, 1—infantile diseases, 3—puerperal, 2—typhus fever, 1—scarlet fever, 4—disease of the heart, 2—inflammation of the lungs, 3—disease of the liver, 1—old age, 1—small-pox, 6—teething, 1—tumor, 1.

Under 5 years, 22—between 5 and 20 years, 3—between 20 and 40 years, 17—between 40 and 60 years, 5—above 60 years, 4. Born in the United States, 36—British Provinces, 3—Ireland, 9—England, 1—France, 1—Scotland, 1.

Surgeons in Ships.—The following truthful remarks respecting the qualifications of some of the surgeons on board ships, is copied from the New York Daily Times. The writer says that

"Some of them are about as 'small means' as ever aspired to the doctorate or gave adulterated drugs to an unfortunate sick man. We have met specimens who capitalized the first word of every line as if they were poets in their plain business notes, who spelled *medicine* with an *s* and put no *e* in their *blue pill*. Such 'surgeons' are picked up on the wharves, on the other side of the Atlantic; no questions are asked them as to qualifications; they 'doctor' the steerage passengers on their trip over for their passage, and harm none who let their stuff alone. Outrageous facts bearing upon this subject are before the public. The mortality at sea gives tokens of their uselessness. Their continuance is either a disgrace to the intelligence of our ship owners, or a proof of their inhumanity.

"There have been honorable exceptions to the common character of ship surgeons, and we see that in our steam marine more are likely to be made. A reform is imperatively demanded by the wants of the emigrants and the interests of humanity. There is no where needed a more wise, firm, skilful or prudent surgeon than on board any ship that comes to our port, heavily freighted with living beings."

Sassafras—Tea and Coffee.—Sassafras tea is not unfrequently used in the South as a substitute for coffee and hyson tea, and is certainly more palatable than either of these, when as wretchedly prepared as they are in many families. Sassafras has been long supposed to possess alterative properties, and has therefore entered into the composition of most of the so-called "diet drinks." As we do not, however, profess to understand the true meaning of the term *alterative*, as used technically, and as we consider the diet drinks in common use as mere tonics or restoratives of the general stamina, we presume that sassafras exerts a beneficial influence upon the digestive organs. And yet, it is difficult to determine the origin of a prejudice which exists in the minds of many of our people against its habitual use, in consequence of its supposed tendency to the production of intermittent fever. This prejudice is so general in Georgia, that it is supposed to have contributed largely, some years ago, to the defeat of a candidate for the gubernatorial chair, who had in Congress urged an increase of the duty upon tea and coffee, adding that if the enhanced price of these articles proved onerous to some, they might drink sassafras tea. The good people proudly refused to vote for any man who was willing to see them all take the ague and fever, merely for the sake of filling the National Treasury! We believe the prejudice to be unfounded—but would like to know if any facts can be adduced in support of it.—*Southern Medical and Surgical Journal*.

A Long Mesmeric Sleep.—A Mr. George McFarland and Dr. Hoffmann, two mesmeric operators, went to a house one evening of last week, in New York, and succeeded in putting an inmate, named Amanda, into a mesmeric state, from which they could not awaken her, and she was not restored to consciousness until after eight hours had elapsed. The operators in the mean time were arrested, but were subsequently discharged, when it became known that the young lady was restored to consciousness. The physicians in the neighborhood, as well as the police, were called in by the family.

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THE SUGAR-VAPOR TREATMENT OF CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If you admit nothing into the pages of your Journal, but what comes from the pen of an M.D., it will be in vain, I suppose, to ask you to receive what I here offer for your acceptance ; as I am not a medical man, and in fact no man at all—*nothing but a woman!* But, though not of what you call the “nobler sex”—nor in the least degree approaching it (being not as much, even, as a lady physician, or a “woman’s rights” disciple, but a very unassuming and undistinguished personage), yet, as I find myself most unexpectedly filling a conspicuous place in the leading article of one of your Journals, and this without having been asked if willing so to appear, perhaps you may, when you learn my motive for wishing it, consent to give the same publicity to something in the way of a reply to the above-named article, which is on the subject of “sugar-vapor cure for consumption,” and written by the celebrated Dr. S. A. Cartwright of New Orleans. I will venture to presume that you do consent ; and if you do not, what I shall say can be laid (as many of its pen, ink and paper kindred have been before it) on the altar of a good blazing fire, or put *under* the altar-pile, to help make one, and no harm done save the tax made on your patience in the reading—and such taxes you have, no doubt, long since, on the eel-flaying principle, got used to, and have therefore learned most philosophically to bear them. But I hope you will grant the favor I ask, not so much for my own sake—I am nobody, or as the negroes say, of “no account”—but for the sake of those poor consumptives, and they are many, whose attention has been called to the theory of the sugar-vapor cure ; and especially those (and they are many, too) who have been influenced in their opinions, and hopes for themselves, by the cure effected upon *myself*.

The article I allude to, is the case of the “Philadelphia lady,” containing extracts from her letters, written while on a plantation for the sake of going through the sweating and inhaling process in a sugar-house ; and it is upon this “case,” and these letters, I wish to make some amplifications ; being myself the same said lady, and therefore the writer of the same said letters. And here allow me to stop, and say a word meant particularly for the eye of the good doctor who sent you that ac-

count, and who will instantly recognize this notice of it, as coming from my pen, and will think before he reads it through, what I do not wish him for a single moment *to* think, that I am going to deny what he has written about me, or retract what I have written to him. Be patient, good doctor—I will neither do one nor the other; but intend, on the contrary, to confirm and strengthen both your own reports and mine. But, I am *like you*—"I like," to use your own language, "*to set things to rights*"—sometimes, and I now wish to rectify some little mistakes you have made, in matters affecting my personal relations with some who have been kind to me, and which make me appear to retain no remembrance of their kindness, or to preserve, at least, but an ungrateful recollection of it. These mistakes, good doctor, are from no fault of yours—(*I do not think you could commit a fault*)—but have arisen from our imperfect mode of communication. When one can only *half* hear, and another can only *half* talk, how can they help making errors, and confounding dates, events, and all facts, in short, touched upon, even those set down in writing, when that writing has been made too brief to be sufficiently explicit. If you ask, good doctor, why I did not consult you before taking this bold step I have, of thus appearing in *private*, "on the stage," i. e., without first asking your permission to contradict you a little, I will tell you frankly the reason. I feared you would not grant it, and that killing word "no," is one I cannot bear, so I resolved to follow the workings of my own "sweet will," and afterwards to ask your pardon, if my having done so should in the least displease you—which I here, in the face of the whole world, now do. *If I have offended you, dear doctor, please forgive me, and I promise never again to repeat the offence.*

And now, dear Messrs. medical men, I turn to you—"please listen to" *my* "story"—and, as, I have before told you, I am not medical myself, you will allow me to tell it in my own simple way. and when you come to that part of it, requiring, as you may think, appropriate terms and phrases, you will please supply them in your own medical minds, for you will certainly not get them from my unscientific pen. If I should try to make out what you call your "diagnoses," "prognoses," &c., to please your learned ears, I should treat you to such a sublimely-ridiculous sort of jargon, as would put you out of conceit with your grandiloquent (and to the uninitiated) incomprehensible vocabulary, all the days of your life.

Firstly, then—I am no "Philadelphia lady" at all. But this is a thing of small matter, it being, as I view things, of no sort of consequence whether one be born in Philadelphia, New Zealand, or up in the moon. This mistake of calling me a Philadelphia lady, was caused, probably, by my having letters from a friend there, who went down to New Orleans to see me, and visited Dr. C. to learn where I was; and from a card put on my baggage at a hotel in Philadelphia, while passing through the place.

Mistakes 2d, 3d, and so on, are of more importance, and need more explanation, which will all come out in the course of my *narration*—which I will try to make as short as I can. I did *not* go from Memphis

to New Orleans *alone*, but from New York *to* Memphis ; but I had kind friends on the way, with whom I made a long stay, and letters of introduction to every place at which I stopped ; so am not as much of a heroine as made to appear. My Philadelphia friend, dear Mr. H., had given me (in Kentucky phrase) a "*heap*" of letters to his friends in Memphis—by whom I was treated with the most prompt attention and kindness. Mr. H. is known almost everywhere in the United States, and being one of those *golden* men, whose every word is truth, and to whom every one is glad to show a favor, I had, for *his sake*, helps in getting along, which I could not have got for *my own*. His friends in Memphis put me under charge of a Col. L. and lady going to New Orleans, the former for the same purpose as myself, to inhale the sugar-vapor, which he did most beneficially, gaining three pounds of flesh per week, as he himself told Dr. Cartwright after leaving the sugar-house, telling him also, when he (the doctor) spoke of my improvement in one, that "he thought *I* must long before have gone to another and a better world than this." This Col. L. and his wife were exceedingly kind to me, on the way, getting me a state-room next to their own, much to their own discomfort, on account of my noisy cough, which must have greatly disturbed them. The night before we arrived at Baton Rouge, I had an ill turn of spitting blood, accompanied by great distress, and when the boat stopped was most earnestly urged to get off there, and had letters put in my hands written for me by strangers—two from a doctor, a truly sympathizing one, to one who was both a doctor and planter, near Baton Rouge ; and the other to a friend who was a planter, but no doctor. Another gentleman, also a friend of Col. L., gave me a letter to a planter, who came to me the moment he received it, and gave me a most hospitable invitation to return with him to his house, but said he thought he ought to inform me that his sugar-house was a very open one, and that a sick man who had come to inhale in it, took cold in it, got worse instead of better, and left. So I thought it best not to try it myself. Mr. K—w, this planter, told me, also, of some difficulties I should have in the other sugar-houses, to whose owners I had letters ; so I made no further attempt to stay in Baton Rouge, or its vicinity ; but after getting a little better, went down to New Orleans in company with the proprietors of the Harney House, where I had boarded, who were very attentive to me, and asked me to go with them in their carriage to the St. Charles. But I preferred some private boarding house, and so Mr. H—y took a letter of introduction I had to a cotton merchant at St. Charles, from his brother of the same firm in Memphis, and this gentleman came immediately on its receipt, on board the Bella-Donna, where I was, and took me to a boarding-house, and in the course of the day brought me a letter to a planter in St. Bernard, the only one, he said, he knew in this region, and the only American one, he thought, anywhere near on the coast. With this letter were *written* instructions from Dr. Cartwright how to get to the planter's, and a letter to the "*matron*" he speaks of, landlady of St. Bernard Hotel. I was soon at Lake Borgne, and most warmly welcomed by this same "*matron*," better known there and in New Orleans by the soubriquet of "*Aunty T—m.*"

Every one knows her as a fine specimen of an enterprising, "*clever*" English woman (I use the word *clever* in its *English* sense), who has been all over the world, knows every body—and has seen everything, even to the "cat" that had "looked on a king"—yea, even the king himself, or what was better, the *queen*. I knew by the way in which Aunt T.'s dog, General Jackson by name, preceded her to the door to welcome me in, I should have a kind hostess in his mistress—for dogs, like servants, always show in themselves the character of their owners; and this one was peculiarly well known as being a better lover of woman than of *mankind*—if not from an innate love of the sex, from the trust reposed in him perhaps, as master of the house, and sole guard of its widowed mistress. The first night of my stay at the Lake, Aunt T., Gen. J., and the conductor of the cars in which I had come, held a sort of secret consultation, of which I was both the subject and most unwilling hearer; every word they said, coming up through the cracks of the uncarpeted floor of my room, which was directly over that in which they were. Thus I was obliged to hear, because not able to remind them of what they had forgotten, my near vicinity. Gen. J. did not seem to *express his* opinions, but the others *did*, freely. The conductor, a most kind, obliging and worthy young man, said he had brought some one, whom he should never take away *alive*; and then they went to work to dispose of me, though most respectfully, in a way no sick person likes to be disposed of, even in *idea*, before the time has come to be so disposed of in reality. This premature preparation for my last *grand rest* roused up in me a sort of defiant feeling, which made me resolve to put my best foot foremost, and show that I had more life in me than they gave me credit for. To do this, I was just as social as my little *bit* of a voice would allow, never minding the pain of using it, and kept about, when so weary I longed to lie down and rest. I did *not* make the "matron" put on her spectacles to read my notes, not writing any for her to read, but she often obligingly put them on of her own accord, to read to me from the newspapers—and never once made me feel, in any way, that she wished me farther off. Yet I *was* troublesome; was *freezing* all the time, and as there was no chance for a fire, but in her smallest of cook-rooms, here I had to sit, and here she put under my feet something for a carpet, placed on it her own best arm-chair, and made me as comfortable as she could. Here I had an opportunity of much enjoyment in the way of seeing every variety of the strangest kind of people (*to me so*), of every tongue and nation. Lake Borgne, in a storm, is a sort of Venice in caricature—the water so surrounding every little pigmy dwelling, called a house, that you can scarcely stir a step but on a bridge—a magnificent bridge, made generally of a solitary board, on which one can learn most literally to "walk a plank." Like a ducal palace, in the midst of all, towers up the grand hotel of St. Bernard! But I am forgetting myself. Consecrated ground, to me, is the spot, and of itself deserving much renown, so I must be pardoned for stopping to take breath on the memories of a parish, which my dear sugar-doctor (Dr. C. of course) has set down as "the most romantic ground on earth."

Being thus, as I was, at the Lake, under close inspection all the time, the good "matron" had fine opportunity, which she thought it her duty to improve, of dilating upon the *advantages of dying with consumption*. She thought, as many do, that it affords a fitting time in which to secure the interests of one's eternal welfare. But this is a mistake with people. *One cannot care for one's soul* when the body is so racked with pain that it becomes *clamorous* for undivided attention to be bestowed upon *itself*. I could not, and got cross when talked to about my soul, answered pettishly, but she did not retaliate, and I was grateful for her forbearance. Certain I am she did not "implore the planter to take me off her hands"—so far from this, the planter "implored" *me* to be taken off, and go with him to the sugar-house—as he will be ready to own, I am sure, should he ever see what I here assert. He was master "pro tem." of the plantation—the owner of it, his near relative, being away, and leaving it to his care and responsibility. My letter was to the "bona fide" master, and responded to so instantly, *in person*, by his subsidy (whom I will designate, as the negroes did, by the name of "young boss"), that in one week's time from my arrival at the Lake, I was over the boiling kettles in his sugar-house, five or six miles off. "Young boss!"—that name "inspires my" pen—ever blessed be its memory. Its very sight seems like a brilliant diamond, not bedizened, as many are, with a setting of "pinchback," or showy paste—but shining out in quiet lustre, from its deep still resting place, in the earth and rocks among which it seeks to ensconce itself, from the gaze of human eye and touch. There shone "young boss" in the midst of *his dark surroundings* (the darkies) in St. Bernard. I shall never see him more—time, space and circumstance divide us—but I *must* pay to one to whose devoted care I owe so much, this tribute of an appreciation that can never be uttered half as strongly as it has been felt. He was one of those few who *love to nurse the sick*. I learned from the negroes around, that he was turning himself out of his own quarters to give me accommodation—and I decided not to accept of kindness procured at such a cost. But every objection I made was overruled so strenuously, I could not refuse what was offered with so much earnestness, and determination it should *not* be refused. I found a room all nicely fitted up for my reception. The carpet, sofa, stuffed chairs (one a large-sized rocking chair, of which I made a day-reclining hammock), the luxurious bed, all burst upon my sight when I first entered the room, as so many favoring tokens that I had fallen in good hands, and that I should get well. How pleasant was the touch of the handsome mulatto Martha, as her soft hand removed my things! How good and gentle she looked, as her large swimming eyes, so full of pity, fell on my face, while she asked me so tenderly what she should do for me! And what did she *not* do for me in her three months' constant care? The planters who do not have families on their plantations, seldom build houses for any but the overseer and negroes—hence the difficulty of getting received on one; and those who *do* have families near their sugar-houses, are mostly French, and have little or no communication with their American neighbors, and have *no partiality* for those who come

from a *free State*, because, having been often imposed upon by the pedlars, abolitionists, &c., coming from those States, they are apt to look upon them as specimens of the whole free-State community.

I am continually being asked, by letter, and orally, "If I really believe the vapor helped, or cured me." It *provokes* me to have this question put to me. It seems as strange as though I were asked if I believed that "the sun gives light by day, and the moon by night"—or that—"the world is round, and like a ball seems swimming in the air"—facts to which we should all give credence, I suppose, if Noah Webster and Peter Parley had not taken pains to inform us of them. And just as self-evident, and demonstrative, as are these facts in the natural world, is the fact to *my* mind, that inhaling the steam of boiling cane-juice *into the lungs*, while at the same time the hot vapor is forcing open all the closed-up pores on *their surface without*, will *DRIVE* from them any, even the longest-lodged disease, short of absolute decay, and give to the whole system of the human body that strength and vigor nothing else *can*. Ye consumptives who may read this, believe not what you may be told, or what you may read, of the incurability of your disease, in a certain stage. Believe it not—it is the most miserable of all earthly beliefs. Believe rather what I, a cured consumptive, tell you—that the hand of this "fell destroyer," consumption, *can* be arrested, and made to abandon his suffering prey. He has done it—he will do it again, and as often as he is asked (*in the right way*) so to do. *Hope*, a minister of mercy, is preparing the way for you so to ask, and in good time will tell you how. *HOPE*.

But the way in which some of you physicians, and *all* those, who take the negative side of the curability of your "*phthisis*," reason, or rather talk about it, *vexes me most outrageously!* It is beyond my comprehension. In the first place, certain signs are recognized as marks of the disease—unmistakable ones. These signs appear—*every one*; the patient is *doomed*—but recovers. *Then* it is at once said, he had some other disease—it was no "*phthisis*." Now, if there is a *certain* disease, set down as past cure, and this disease is judged of by *certain* characteristics which mark its existence, of what consequence can it be, what *name* is given to it—whether consumption, bronchitis, or the *measles*—unless the name so given, be considered as appropriate to it *only*; and if so, how can the changing of this name, in case the patient recovers, alter the fact of its having had an existence as the one first supposed? Two people of the same size, constitution and years, show signs of "*phthisis*." One dies, and is, without a dissenting voice, *labelled in full-sized type* as having "fallen a victim to consumption." The other does not die, and it is as confidently asserted that there was a mistake in his case—he had had no "*phthisis*," but something else, though the suffering had been the same in both, and, judged of *according to rule*, had proceeded from the same cause. *I cannot understand it*, and when I ask for explanation, the satisfaction I get invariably amounts to this:—"When one, said to be in a consumption, *dies*, he has *had* consumption—no mistake. If he does *not die*, he has *not* had it—no mistake." It seems to me, this juggling with terms is as

absurd as if one were to name a child for another person, on account of its resemblance to that person; and if, in process of time, the resemblance should be lost, or the person die, the name should, in consequence, be taken away, and another bestowed in its place. Would the child, in such a case, be some other child? Would he not be himself still? And, can the *individuality*, so to speak, of consumption be changed by a new name, any more than the individuality of the child? But I weary you—*I weary myself*. I nearly addle my brain, sometimes, trying to make this matter *clear* to it. I speak foolishness, no doubt—but as I have told you, being nothing but a woman, and a most *unscientific* one too, little in the way of science or wisdom can reasonably be looked for from my complaining pen.

Both those (doctors and others) who were *fixed in their opinions* that my disease was “phthisis,” and past cure, and those who were waiting to see the result before giving it a name, now desire information of me, which I am unable, for reasons just given, to impart. It grieves me that I cannot, for many sick ones write to me, and these care more, generally, for the *ipse dixit* of one, however insignificant, who has passed through a stage of suffering which they themselves have long been in, or are just entering, than they do for all the knowledge they can get from books, or the opinions of their wisest and best-loved physicians.

I hate to say so much about myself, but as “examples” are said to “explain things best,” I must be excused the apparent egotism, if I make some recapitulation of those facts, already before you in my letters to Dr. Cartwright and the notice he has taken of them. These letters were perfect pen and ink *Daguerreotypes* of my impressions of the effect of the vapor, and struck off in “*full blast*” of their recollection, without once dreaming what was to be their fate. I *knew*, or rather *I took it for granted*, that *he*, Dr. C., was one who, even in a stranger as I was, could understand all one’s idiosyncrasies, whether mental or physical—and so I threw at him whatever came uppermost—mixing up with sugar-vapor all sorts of odd thoughts, fancies, experiences, &c. Once, on being surprised at the way I had let the “inner man” appear, I told him to destroy and forget what I had sent to him, or should send in future; and then, thinking he might want to keep the information about the sugar-vapor, I gave him permission to do so, forgetting how difficult, out of such *melanges* as I was sending him, it would be to pick out and preserve anything worth preserving. To this cause, in a great measure, has been owing those mistakes I have felt bound in honor to correct. In one letter I told him, that when I could not talk at all I should have been willing to have suffered more than I did, if by it I could have got my voice, it had worried me so to have to trouble others to read what I had to say, especially *when they had to stop and put on glasses* to do it. It is no wonder he should, as he has done, forget the *date* to which I referred this regret, and apply it to the time of my stay at Lake Borgne, with the “matron” of whom he has spoken.

“How did you live on the plantation?” “how amuse yourself?” “how did the vapor help you?” “how *could* it?” are questions asked

of me, I do believe, a thousand and one times—and many more of like nature also. I wish to put in your hands an answer to some of these important inquiries, for the gratification of those who *may be* benefited by having them thus replied to, and also for the reading of some of my *doctor* companions *en voyage* from New York to New Orleans—many in number—some having faith in the sugar-vapor theory, some sceptical, and some never having heard of it, but all expressing a wish to know the result of its trial upon me. I overheard one say, “she can’t get well, but this whim of sugar-vapor is as good as any for her, and it is well to have some object.” Another condemned me through *my finger-nails*, without having seen anything but my hands as he passed my door. When on the boat with Col. L., however, he was spokesman for the vapor—he had *tried* its virtues, so had the faith of a satisfactory experience in the matter.

I suppose that all who have a cough and sore lungs, and raise from them bloody and other unpleasant matter, have the same difficulty (whether they have consumption or not) in bringing up this matter (which goes, I think, by the general name of phlegm—so I will call it, *any how*) from the lungs and throat. We want to get it up. I say *we*, to show that I still have sympathy with those in whose ranks I was once enrolled. We think that we *must*—feel that if we *could*, we should get well. We try—the pain is so great we have to desist—it seems to tear us all to pieces. Then we are choked—nearly strangled. We try again; now we are conquered—the “foe” spreads out his blood-red banner of victory, and we struggle no more, till for want of breath we are again compelled to. And thus we pass our days—whole months and years even, knowing that there is a corroding cankering something, spreading every day its poison deeper and farther, into the most vital part of our being, and that all effort to cast it off is vain. Is there no power to expel this inward “foe”? There is—a mighty power. In a cloud, formless and misty, there dwelleth a magician; this power is he—a wonder-working, though a silent one. He never speaks—he has no words—but his potency, he makes you *feel*. Up in my little cuddy, to me, did this magician come—how he performed his work, I know not, but he performed it well—marvellously. Gliding *into*, and in, and all around the aching breast, and clogged-up air-cells, he took from them, and so *sweetly*, so gently that not a touch gave pain, every arrow that had pierced, every vile substance that was wearing life away. Pardon me for thus mounting upon stilts—I did not mean to ride my hobby-horse so high.

But I cannot describe, as I wish to, *how* the vapor acts. The nearest I can get to it, is by saying that it is *so searching*, it lets not a particle escape its penetration—it *insinuates* itself, like an odor; we smell, but cannot see. It was *in* my lungs, like a healing ointment on an aching wound—and the outward pressure, like a soothing plaster to cover the wound, and keep it closed. Cold air had seemed to contract my lungs and made them ache, as it makes a fresh cut ache, when exposed to it. The vapor kept out the cold, and in its place filled them up with a most delicious and expanding heat. While sweating I wore a garment, al-

ready described, which “young boss” used to call a “balloon”—and when under this, I was unconscious of *time*, and every sensation but those of relief and pleasure. Once, on having slept better than usual, and so feeling better than usual, I found myself so much more willing to rise than I had ever been before, I thought it must be very late. The house was so still, I supposed all were up and gone. It was not very light, but I inferred from this it was a very, *very* cloudy day. I did not feel so well when up, but hurried on to the sugar-house, mounted my cuddly without speaking to any one, or noticing the surprise, afterwards spoken of, at seeing me at that strange hour—strange for me to make my appearance in. I had taken a good long sweat, when I saw a bright streak of light, which I feared was a fire, and I knocked for my nearest neighbor, the black sugar-maker, to come and tell me if it was so. He said it was the sun rising! The happy hours passed on—and again I saw another bright light—again summoned the obliging uncle Henry, who said, this time, it was the sun setting! I could scarcely believe it—yet it was true. Thus I had been all day long *so occupied*, I had literally taken “no note of time.” I never could judge of it by my *meals*, for the good people were always bringing me food of one kind or other, and I seldom refused it—for, for two years and more, food had not always been a desirable, but often an unpleasant sight to me.

In sweating I assumed the kneeling posture (fitting in more than one sense), which enabled me to lean quite far over the boiling kettles; and when exhausted, I sat down on an *ottoman*—a little low block—so that I was quite *retired*, being in this position out of sight; and thus placed, with my skin-drying apparatus (my towels and flannels) found as much employment and exercise as I had strength to get along with. When dry and rested, I re-commenced my operations. My whole house was not much larger than a large-sized arm-chair, and I could not stand erect in it.

One of my favorite studies and amusements, while under balloon sail, was in comparing the vapor with the medicines I had taken when confined to the house or bed. I made a table of calculations about it. My favorite medicine, in the allopathic practice, had been prussic acid. This cut off the phlegm, and made me bring it up with more ease than any other dose. I used to long for the time to come to take it, but the doctors were not *liberal* with it, as I wished them to be, so I could not get as much as I would. I made so much vapor answer to so much of the acid, so much to such a quantity of hyoscyamus, so much to so many drops of digitalis, and so on. I got it all so well proportioned out, I knew just how to dose myself *by rule*, as the doctors had; but as I had my own way about it, I at last threw everything away, but the *prussic acid*, which I swallowed to my heart's content, *all day long*. *Nota Bene*—It took the vapor in its greatest *intensity* to make *prussic acid*.

I am frequently asked, “if I could *sew*, *read* or *write*, in the sugar-house.” Sew! read! write! I trust I have replied, and *satisfactorily*, I hope, to this interrogatory. I would advise all who wish to sew, read or write, in a sugar-house, and at the same time to accomplish the great

work of making for themselves a *pair of new lungs*, to lay aside all such unreasonable and dangerous attempts. As I have before said, the sweating and inhaling process, *combined*, is one either to kill or cure. The magician who holds in his vapory hands the keys of life and death, will unlock for you the doors of either, as you desire. But he is exacting in his demands, and allows no trifling with his power. He obliges you to make implicit obedience to his requirements *the sole business of your lives* while you are under his care, or he will do you harm instead of good—will make you worse than before you called on him for aid. But it is *easy*, it is *delightful* to do what he requires of you—even in the smallest minutia of his exactions. The three months, necessary for cure, will soon fly away, and every moment of them will be literally loaded with *sweets*.

To one, able as I was to look upon all the operations of a sugar-house, apart from the idea that they were set in motion merely for the conversion of a vegetable product into dollars and cents, there is something, everything, to excite in the mind the most pleasant, fanciful, and time-annihilating reflections. Elevated as I was, above all the materialities of the place, I could look upon all around me through a sort of spiritualizing medium, which made the *tout ensemble* actually grand, mysterious and inspiring. The cane-carrier, like the rising and setting of the sun at sea, seemed to ascend from unknown and far-off depths, and rolling gracefully up and around, laden, bee-like, with its load of sweets, to fall again to others, hidden from mortal eye—hidden to mine at least. The clattering engine, which was crushing out life and limb from what had so long been the pride of the fields around, had in it something almost solemn in its sound, as if it knew what a work of destruction it was about—and something cheerful, too, as if it knew, also, its cruel work was for a good, a saving, as well as a destroying, purpose. The way in which the expatriated cane-juice comes rushing down and falls into the huge kettles prepared for its reception, has something, to *my* ear, almost sublime in its roar! It made me think of the “Waters of the Lodore.” And when the tremendous fires below these kettles, have set the luscious fluid all in most furious motion, to change its liquidity into the more solid form of sugar—when the command is given for all hands to “heave the bucket together,” and all hands *do* heave the bucket together, and with merry songs, which “to their” *kettle* “oars keep time”—to a lover of the picturesque there cannot be more beautiful or interesting *win’er* scenery than this.

It has been suggested to me by some, that it was perhaps the *climate*, instead of the sugar-vapor, to which I am indebted for my cure. I do not like to have this said to me. As my faculties are all more on the instinctive, than the reasoning order, I cannot argue about it, but I do not see how it *could* be the *climate* that helped me, when I made my own climate, or rather had it made for me. In my sweating box, I was enwrapped in steam—sometimes, both in steam and fire. The mosquitoes love strangers more than their *own countrymen*—and when not protected by steam nearly ate *me* up alive. To keep them off my feet, a fire was built near them on the floor, below my cuddy—so that I was

literally between a "pillar of cloud and a pillar of fire," only *my* fire was *behind*, *my* cloud *before*. A large fire was always ready for me to dry by, and I was so wrapped up on leaving the sugar-house, no cold air could get to me. At the house a corresponding climate was made for me, so how could the climate of *Louisiana* affect one thus shielded from it? It seems to me that it would have made no difference, as far as climate is concerned, whether I had been in Nova Zembla, or the hottest part of the torrid zone.

I had other helps, too, in the way of climate. The colored lady-doctor-ess was a splendid *M.D.*! She believed strongly in the virtues of friction, and a clean skin—and was always ready to lend a hand to help *produce a glow*! Being dizzy-headed on water, I twice fell in the Lagoon, and canal, but took no cold, because, as she expressed it, she "*rubbed it out with whiskey*." A first-rate preventive, by-the way, against taking cold, or *feeling it*.

And now, dear medical men, are you not tired of my long story? I am. One more addition to it, and *I will trouble you never again*. As I have told you, I am a *nobody*, but as I have been a wanderer from my cradle, I have, *per force*, voyaged through "many lands," known people of many kinds, and "many men of many minds," who knowing that I have a fondness for looking below the surface of things, and an independent way of judging of them, are sometimes kind enough to think my opinions are of some value, in matters they cannot, so well as I, find opportunity to look into for themselves. In this category is the subject of the sugar-vapor. "Inquiring, far-off friends," *not city ones*, who are not as *au fait* in the "news of the day," as they wish to be, desire, among the other things concerning it (the vapor) to know something about its famous promulgator. Just see, now, how this must fetter my pen. How can I *safely* say, "behind a man's back," what I know will be put before his own face and eyes? And *slanderous* things are not the only ones we do not wish to have repeated—words of praise and admiration, we often wish to be withheld from those who have called them forth. But for the "good of science" (*like you, doctors, everything I do is for this great good!*), for the "good of science," then, I shall forget that my dear sugar-doctor is in the land of the living, and all that follows, therefore, must be altogether *scientifically* regarded, and not in the least degree taken as *personal*. When I first heard of the sugar-vapor theory, I had good sound lungs, and of course never expected to try its merits on myself, or to see the sugar-doctor. I had but one idea about the vapor, and that was one entirely foreign to its nature. It was the character of the man, who could strike out into such a new and *profitless* path in the road of science. The whole matter seemed to come as in a vision before me. I said to myself, he must be one of those few, who can *sacrifice everything to an idea* (and such men I do adore). I expressed my opinions to others, who *now* wish to know if I have found them to be correct ones. I answer, *yes—I have*. The great learning and never-ending researches into all mysteries of mind and matter, of the discoverer of the sugar-cure, should be of itself a sufficient proof, I think, that it is as true as wonderful, as wonderful

as true. He is not one to give utterance to an opinion till he has put it to a test to prove it true or false, and it is not in his nature to advocate anything false; and in his desire to do good to the world—self, profit, ease, everything pertaining to his own individual happiness, is sacrificed. Through the sick and suffering—through ways of learning, he does not know I possess—I have learned that of his charities and sympathies he would not, if he could help it, I or any one else should know. His whole-heartedness and honesty of purpose, are what nobody can or does doubt. He is an impersonation of benevolence. A magnificent vase, of the value of \$10,000, presented him by the planters, in gratitude for saving the lives of their friends and slaves, in time of pestilence, proclaims, in *golden* speech, that his skill and faithful services are both well known and gratefully appreciated. The vase has on one side of it a sugar-house cut out in lumps of solid gold; on the other, a cane-field with the negroes at work in it. A beautiful and appropriate token, and one bearing massive and *golden* proof, that opportunities for seeing with his own eyes the power of boiling cane-juice in expelling tubercles from diseased lungs, have not been wanting—opportunities he is now so earnestly improving, for the good of suffering humanity.

I am very sorry that I have made my "*medical report*" so long. I have endeavored to make it very short. But I have naturally no condensing power in my brain, and cannot create any. If I try to avoid prolixity, I am sure to get into a deeper labyrinth of words, than if I had let them at first have their full flow—and I never can make one fill up an ellipsis, as I wish it to be.

With many thanks for the patient reading, I mean to *think* you will give to this, I am, dear medical men, most respectfully,

Yours, &c., A CURED CONSUMPTIVE.

November 29th, 1854.

CASES OF TYPHOID FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

THE cases of typhoid fever described below by my friends, Dr. Cornish of Falmouth and Dr. Bartlett of New Bedford, certainly favor the opinion that this disease may sometimes be propagated by contagion. Two of the patients I visited on Saturday, the 12th day of August last, at the light-house at Wood's Hole, where four of the persons died, and where a fifth contracted the disease, which proved fatal at Martha's Vineyard. There is nothing that I can add to the very full and satisfactory account given in the annexed letters that will be deemed of any importance, except that Wood's Hole, which is a part of the town of Falmouth, Mass., is very remarkable for its salubrity. It contains a population of 250, and I was told, the last summer, that there had been but four deaths in the village in the four preceding years. The building where the patients sickened and died, stands on high and dry ground, facing Vineyard Sound, and the rooms, in which I found the sick, were spacious,

and well ventilated. The air in and around the house was remarkably pure, and I could discover nothing anywhere in its vicinity, from which deleterious exhalations would be likely to arise. GEO. HAYWARD.

Boston, Dec. 13th, 1854.

Falmouth, October 14th, 1854.

To George Hayward, M.D. Dear Sir,—Your favor of 11th inst., requesting the history and origin of those fatal cases of typhoid fever which occurred in the family of Mr. Wm. Fergusson, at the light-house, Falmouth, was duly received. I shall be happy to give you as particular a history of this melancholy affliction as it is in my power to do.

CASE I.—Grafton Fergusson, a young man of 20 years of age, came from New Bedford, on the 1st of August last, on account of what he supposed a diarrhoea only. I saw him on the 4th for the first time. Found him with all the usual symptoms of typhoid fever. These symptoms went on increasing in severity, as when you saw him, until the 16th, when he died. The brain, nervous system and abdomen were more particularly affected.

CASE II.—The eldest son of the family and brother of the first case; a strong, vigorous, healthy young man of 22 years; had not been exposed to the influence of disease in any way, except with his brother. He was taken on the 9th, about nine days from the time his brother came home. The attack in this case was more severe and active than the first. Acute pain in head and back; hot and dry skin; pulse from 100 to 120, full and hard; delirium within forty-eight hours of attack, which continued with slight intervals until he died, which took place on the 22d. Bleeding was used in this case only, which appeared to mitigate the symptoms and the severity of the pain, but not to cure the malady.

CASE III.—The grandchild of Mr. Fergusson, a boy of 4 years, began to show symptoms of illness about the 20th. The symptoms were mild at the commencement in this case, but gradually increased in severity, and showed a putrid tendency towards the close, which took place on the 3d September. This case and the following one was particularly under the care of Dr. Rogers, my partner in business, although I saw them occasionally through their sickness.

CASE IV.—This was the wife of Mr. F., mother of the two young men and grandmother of the child. She began to be unwell about 23d of August, and died on 10th of September. In this case the symptoms were mild at the commencement, but gradually severe, and towards the close put on a putrid tendency, and two days before death a profuse hemorrhage took place from the mouth. Not so much tympanitis and tenderness in abdomen as in two first cases.

CASE V.—This was the only daughter of Mr. F., and mother of the child, the third case. She felt somewhat unwell on the 11th September, went to the Vineyard to attend the burial of her mother on the 13th, became more unwell, and did not return, and I understood died on the 9th of October, the present month.

Thus, we perceive this whole family except the father—consisting of Mr. Wm. Fergusson and wife, two sons, a daughter and grandchild,

have all been taken down and died one after the other, as if by contagion, whilst others, who were also exposed, such as nurses, watchers, &c., escaped unharmed.

I shall be happy to communicate any further information that may be in my power. Truly your friend, A. CORNISH.

New Bedford, Nov. 3d, 1854.

To Dr. Geo. Hayward, Boston. DEAR SIR,—I have made inquiry into the origin of the case of typhoid fever which you saw at Falmouth, a few weeks since, in the person of Ellsworth R. Fergusson.

Fergusson, when taken sick, was in the employ of Mr. J. P. Lund, at the Head of the River, so called, about three miles above the city of New Bedford, as an apprentice in the manufacture of tin-ware. Mr. Lund carries on a considerable business in the manufacture of tin-ware, and employs a number of tin-cart pedlars to sell his goods. They usually go out in the morning, sell their goods for money, rags, and other articles of barter, and return the same evening to Mr. Lund's shop. The facts which follow I obtained from Dr. J. W. Webster, the attending physician, and Mr. Lund's wife.

The first case which occurred was that of Haskel Merrit, a *tin-pedlar* who was in the employ of Mr. Lund and boarded in his family. He was attacked about the first of July. I saw him in consultation with Dr. Webster on the 6th of July. He was then almost hopelessly sick; constantly delirious, nearly insensible, pulse ranging from 120 to 130, abdomen very tympanitic and covered with rose-colored spots and sudamina. He had a number of sores upon his back, about as large over as the end of the finger, sub-livid and quite tender to the touch. They looked like the rose-colored spots greatly exaggerated in size, and irritated by lying upon them. He became convalescent under the use of quinine and brandy. Dr. W. informed me that his sores improved rapidly after convalescence commenced, under the internal use of yeast.

He recovered—but as his case began to improve, his brother, Lorenzo Merrit, also a pedlar in the employ of Mr. Lund, who had been in constant attendance upon Haskel from the first, was attacked in the same way, and died on the 10th of August, the 13th day after his attack.

Ellsworth R. Fergusson, whom you saw at Wood's Hole, in Falmouth, and who carried the disease there, boarded in Mr. Lund's family. He watched a part of one or two nights with the Merrits, and occasionally went into the room and sat with them during the day. Fergusson became unwell about the 1st of August—not very sick, however, until after he went home to Wood's Hole, which was in a few days after he was attacked.

Mr. Lund's family at the time consisted of himself, wife, three sons and a daughter. The youngest son and daughter were not exposed by being in the room of the Merrits, and had no symptoms of the disease. Mrs. Lund was seldom in the room, and had no symptoms of the disease afterwards.

Of the persons who watched with, or were in attendance upon, the Merrits, eight of them at least had *typhoid fever*; viz., J. P. Lund him-

self, his eldest son, young Fergusson, a journeyman of Lund's, a Mr. Cushman, a nurse from Taunton who took care of the first Merrit, a Mr. Hathaway, and Mr. Taber. Besides these, Mr. Lund's second son, a Mr. Moshier, a Mr. Warren, and many others, complained for several days of being unwell, with lassitude and loss of appetite, which lasted in most instances from three or four to eight or ten days. These persons generally had been less in attendance upon the Merrits than the above mentioned, but still more or less directly exposed.

Two gentlemen, a Mr. Allen and a Mr. Baker, were much exposed by watching and attendance on the Merrits, but had no symptoms of the disease afterwards. Allen had had typhoid fever some years ago. I could not learn whether Mr. Hathaway had ever had it.

There were two other cases of typhoid fever within a quarter of a mile of Lund's, soon after Merrits, where no direct exposure could be traced. One of these was Dr. Webster's wife; the other a Mrs. Drury, the wife of another of Lund's pedlars. It was stated that three children in the family of Mr. Swift, who lives on the opposite side of the street from Lund's, had typhoid fever.

It might perhaps be thought by some that this was ship fever, caught from some of the rags which Merrit picked up in his trade. But I am not aware that we have ever had any ship fever in New Bedford. Merrit was much exposed and exhausted one night during the latter part of June, by dragging an engine about two miles to a fire, and was able to do little or nothing afterwards.

I shall be happy to obtain any other facts in relation to these cases that you may desire.

Yours very truly,

LYMAN BARTLETT.

THE WASHINGTON MONUMENT.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The object of the present communication is to suggest the propriety and expediency of the contribution of a suitable *block*, of marble or some other suitable material, by the *Massachusetts Medical Society*, to the monument now in course of erection at the city of Washington, to the memory of the "Father of his Country." Such a memorial from the Medical Society which has numbered among its fellows a *Joseph Warren*, and many other names dear to the heart of every true patriot, would, at least, so it seems to me, be exceedingly appropriate. A block of marble, bearing the *seal* of the Society, with other appropriate designs and mottoes, would, in my humble opinion, not only do honor to the Society, but be very acceptable to the Directors of the Monument Association.

Shall it be done? Will not the Counsellors of the Society take the necessary steps to secure so desirable a result, and prepare and present to the Society, at its next meeting, a plan which will ensure a favorable result? I am confident there are very few of the Fellows who would object to such a movement. Especially will you, Messrs. Editors, I am

fully confident, lend your powerful influence in the consummation of an object of so much interest and importance as the one proposed. I sincerely hope the object named may be soon accomplished, and I remain,

Very truly, your obedient servant,

Dec. 15, 1854. A. I. CUMMINGS, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 20, 1854.

Operation on Club-feet.—The following note from Dr. Brown, of this city, gives some further particulars respecting the case of club-foot which we referred to last week, and is cheerfully inserted.

"MESSRS. EDITORS,—As you kindly alluded, in the last number of the Journal, to a case of double varus which had been treated in Boston some years since, by Dr. J. B. Brown and myself, permit me to add that the case is chiefly interesting from the fact that it was one of the earliest operated upon for this malformation in this country; and the young man having since been out into the world as sailor on board a whaling vessel, has had an opportunity of testing the completeness of the restoration of his feet, by several year's hard usage. This instance is referred to, not as being by any means peculiar as regards the result, but simply as illustrating the perfection which is attained in the cure of these deformities. A large majority of cases of this description come of course from a distance, and when cured, return to their homes. It is therefore seldom that we are enabled to examine one after such a length of time has elapsed from the date of the operation. Respectfully yours, BUCKMINSTER BROWN, M.D."

Enlargement of the Massachusetts General Hospital.—The new building erected during the past year within the hospital enclosure, was formally opened for the admission of patients on Wednesday last. It has received the name of the *Touro Ward*, in honor of the late Judah Touro, of New Orleans, who bequeathed ten thousand dollars some time since to this institution. We understand that this separate building will be used for patients affected with erysipelatous and other contagious affections. Such a building was very much needed, and it will prove a valuable addition to the facilities of this noble institution.

Election of Physicians to Office.—It has been said, by whom we do not now remember, "that doctors make very poor legislators"; but judging from the results of recent elections in this and other States, we should say that they are held in high estimation as public officers, and fully enjoy the confidence of their fellow citizens. A Journal which is exclusively devoted to medical science may not be considered the proper medium for imparting political intelligence; but as quite a number of the profession have lately been honored by election to offices of honor and trust, we hope the readers of this Journal will pardon us for this innovation. By reference to the list of names of the newly elected senators and representatives to our State Legislature, we find many among them who belong to the medical profes-

sion ; and among the list of persons who were recently elected to the board of School Committee in this city, which consists of seventy-two, nearly one-fifth of them were also physicians. Now this is presumptive evidence that some of the profession possess tact and ability, notwithstanding the grave assertion alluded to at the commencement of this paragraph. In connection with the above, it affords us much pleasure to inform our readers that Dr. Smith, the senior Editor of this Journal, has been triumphantly re-elected Mayor of this city. This mark of confidence by his fellow citizens, is without doubt extremely gratifying to him, and we think he has merited it, for Boston never had a more energetic and faithful chief magistrate.

Principles of Physiology.—Some months since there was an apparently comatose state of the medical press ; but literary life and activity are again manifest, and the books are rolling in upon us in a kind of paper flood. A quarto of 110 pages has been issued from the growing publishing house of the Messrs. Wood, New York, called, on the title page, “Principles of Physiology, designed for the use of schools, academies, colleges, and the general reader, comprising a familiar explanation of the structure and functions of the organs of man, illustrated by comparative reference to those of the inferior animals.” Also an essay on the preservation of health, with 14 quarto plates and over 80 engravings on wood—making, in all, nearly two hundred figures. By J. C. Comstock, M.D. and B. N. Comings, M.D. For the purposes for which the talented authors expressly designed their useful labors, nothing could be more appropriate. It is a fascinating book for man, woman or child, and if it is not extensively circulated and liberally sustained, the fault will be in the people and not in Drs. Comstock and Comings. Some years ago, we prepared an elementary treatise on anatomy, for the identical purpose contemplated by these gentlemen, and it passed through eleven consecutive editions ; but to the authors of the Principles of Physiology must be awarded the praise of superior workmanship. We hope the trustees of institutions of learning will give an early attention to this valuable and unexceptionable treatise on human organism.

Death of Dr. Samuel Parkman.—It is with painful emotions that we are called upon to announce the death of Dr. Samuel Parkman, of this city, which event took place on Friday evening last. Dr. Parkman was for a number of years the Demonstrator of Anatomy in the Medical Department of Harvard University, and also one of the surgeons of the Massachusetts General Hospital. He was elected a member of the School Committee of the city on the Monday previous to his death. Dr. Parkman was a skilful surgeon and a most estimable man, and his loss will be deplored by his friends and associates.

The late Dr. John P. Hiester, of Reading, Pa.—We have already recorded, under our obituary head, the recent death of Dr. Hiester, of Pennsylvania. Dr. H. stood in the front rank of his profession. He was one of the oldest subscribers to this Journal, and was therefore familiar with the names and topics which have appeared in its pages, although not himself extensively known in this part of the country. The following notice of his life and character is copied from the New Jersey Medical Reporter.

“DR. JOHN P. HIESTER died at his residence, in Reading, on the 15th of September last. He was born in Berks County, Pennsylvania, on the 9th

of June, 1803. After receiving an excellent preliminary education, he applied himself to the study of medicine under the direction of the late Dr. John Luther, of Lancaster County, Pennsylvania, who enjoyed considerable reputation as a practitioner. Dr. Hiester graduated at the University of Pennsylvania in 1827. He commenced the practice of his profession in the country, but after a few years removed to Reading, where he continued to reside until his decease.

"Dr. Hiester stood in the front rank of his profession, and in devotion to its duties, both as a student and as a practitioner, he had few equals, no superiors. To the advantages of a complete medical education, and the fruits of a large experience at home, he added the benefit of the acquisitions resulting from his industry and acute powers of observation, during a professional visit to the colleges and hospitals of Europe, and intercourse with leading men abroad. He was not a mere practitioner, but a close student, alive at all times to the progress of science, and prompt to adopt its discoveries and improvements. He was an active and efficient member of the Pennsylvania State Medical Society, of which he was recently its President, and probably contributed more to stimulate a spirit of inquiry and philosophical research among its members, than any other individual connected with it.

"Not only as the skilful and experienced physician was he known and esteemed. Although devoted almost to enthusiasm, to his professional pursuit, he yet found time to cultivate the kindred sciences. He was distinguished as a botanist and chemist, and a geological map of Berks county was the result of a recent attention to that science. A portion of his leisure hours was devoted to making a complete collection of the plants, the forest trees, and the minerals of the county, all arranged with scientific accuracy and exquisite taste. He was ever the friend of education, and no student or lover of science among the young ever failed to receive his hearty sympathy and affectionate aid. * * * * *

"Simple in his habits, unostentatious in the display of his varied acquirements, singularly affable and engaging in his manner, and sincere in his friendships, he was a man with whom acquaintance soon grew into intimacy, and intimacy ripened into love. He enjoyed for many years an extensive practice, and it was in the sick chamber, perhaps, that his sterling qualities of mind and heart were best known and appreciated. Tenderly solicitous for the welfare of his patients, unremitting in his attendance upon them, and ever wakeful to do for them all that the scope of the healing art could afford, to alleviate their pains and sufferings, he endeared himself to them by ties far stronger than those which exist in ordinary professional relations; and to them scarcely less than to his sorrowing family circle, will his death be a source of grief too poignant for the cold words of human sympathy to assuage."

The Hospital and Sick at Scutari.—The late arrivals from Europe furnish us with sad intelligence relative to suffering, sickness and death—the result of the war in the East. The hospital at Scutari contains upwards of three thousand patients, being over-crowded, and the medical staff inefficient to render that aid which even humanity demands. A Miss Nightingale, with a corps of females as assistants, had arrived from England for the purpose of nursing the sick and wounded. It is bad policy for any government to go to war with a powerful nation without increasing the

staff connected with the hospital department beyond that which is required in time of peace.

Robbery by means of Chloroform.—It is related in the newspapers, that a Col. Berrien, of Rome, Ga., was riding in the cars to Augusta one evening, in company with his family, when a stranger took a seat beside him, and after some conversation actually succeeded in administering to him sufficient chloroform to produce insensibility. He then cut the buttons off his overcoat, and extracted, from his side pocket, a packet of bills amounting to upwards of \$5000, and from his pantaloons pocket \$1000 more. At the last accounts it appears that the Col. had not recovered from the effects of the anæsthetic, nor had his friends recovered the money.

Poisoning attributed to Vapor of Cyanide of Potassium.—The bodies of four individuals were found dead in a cottage in the village of Elscar, in Yorkshire. On the inquest, it was stated that the cottage abutted on the foundation of a smelting furnace, and it had been discovered that there were cracks in the wall of the furnace. Death was attributed to the vapor of cyanogen having escaped, and having been inspired by the inmates after they had retired to bed. The symptoms and circumstances of their death could not be known, as all four had evidently been several hours dead when the catastrophe was discovered. According to the report of the inquest in the daily papers of December 6th, there does not appear to have been any scientific investigation to ascertain whether cyanogen, or carbonic acid gas, had escaped through the fissure in the wall of the furnace.—*New York Journal of Pharmacy.*

Medical Miscellany.—There being no regular work carried on in the Philadelphia County Prison, at which Dr. Beale, the dentist, could be advantageously employed, he is allowed to officiate as an assistant in the apothecary's department, and he also performs all the dental operations required by the other prisoners.—In the case of *Ashworth vs. Dr. Kittredge*, of Andover, for mal-practice, the jury disagreed. A previous trial went against the doctor, but a new trial was granted.

To CORRESPONDENTS.—Papers from Dr. Dix and Dr. Hooper have been received—also the continuation of Dr. Park's translation of Valleix.—It is impossible for us to comply with the request of a correspondent, and give the prices of books in our literary notices of them. The prices are never, in ordinary cases, known to us.

MARRIED.—In this city, Dr. Joseph Warren Fearing, of Providence, R. I., to Miss Matilda Pickens.

DIED.—In this city, Dr. Samuel Parkman.

Deaths in Boston for the week ending Saturday noon, Dec. 16th, 55. Males, 32—females, 23. Accident, 1—apoplexy, 2—inflammation of the bowels, 2—disease of the bowels, 1—inflammation of the brain, 1—burns, 1—consumption, 6—convulsions, 3—croup, 3—dysentery, 3—dropsy, 3—dropsy in the head, 3—debility, 1—infantile diseases, 4—typhus fever, 2—typhoid fever, 2—hooping cough, 2—homicide, 1—inflammation of the lungs, 5—marasmus, 1—old age, 2—rheumatism, 1—smallpox, 2—teething, 2—thrush, 1.

Under 5 years, 28—between 5 and 20 years, 3—between 20 and 40 years, 15—between 40 and 60 years, 4—above 60 years, 5. Born in the United States, 41—British Provinces, 1—Ireland, 12—Germany, 1.

Konopleff on Croton Oil in Dysentery.—Supposing dysentery generally dependent on some serious obstruction in the bowels, Konopleff administers croton oil for the cure of this disease. He adds from 1 to 3 drops of the oil to an emulsion composed of Aq. menth. pip. ℥vj., and Aq. Laurocerasi ℥j. — ℥ij.; and of this mixture he administers to adults a table-spoonful, and to children a tea or dessert spoonful every half hour. After three or four doses copious stools are passed, at first with and thereafter without blood; and by carefully regulating the diet and administering mucilaginous drinks, after the use of the above mixture, the patient is speedily cured. Should severe diarrhœa follow the use of the emulsion, he alleges that it is easily removed by the Decoctum Salep. combined with Aq. Laurocerasi, or Vinum Opii. In the event of the mixture causing irritability of the stomach and vomiting, he administers the croton oil in the form of an enema, without Aq. Laurocerasi, but combined with from 3 to 10 grs. of Ext. Hyosciami. Konopleff has administered a mixture containing one drop of the oil to ℥iv. of emulsion to infants at the breast, with the best results. He affirms that by means of this treatment he has never lost a single patient.—*Med. Zeitung Russland*, 48. 1853.

Indian Plague.—1st. "Mahamurre" and plague are identical.—2nd. The disease is of local origin, transmissible from person to person and from place to place.—3d. It is gradually extending itself, and no sufficient grounds exist for the supposition that it will never be developed in surrounding countries.—4th. The local circumstances upon which "Mahamurre" depends should be done away with, and sanitary measures introduced, in which case it is probable that the disease will be gradually eradicated, or at any rate modified in severity.—5th. It is likely the disease, if dealt with early, will be found to be curable, and that the people themselves may use the remedies furnished by authority.—*Report on Mahamurre, or Indian Plague, by Drs. PEARSON and FRANCIS.*

New Plants discovered in Minnesota. By J. C. NORTON, M. D.—*Phacelia tenera* (mibi), stem upright, slender, sparsely bristled; leaves petioled, pinnatifid, divisions ovate, oblong, obtuse; those of the lower leaves entire; those of the upper about three lobed; racemes few flowered, pedicles longer than the calyx; lobes of the calyx lanceolate acutish, bristly ciliate; corolla rather longer than the calyx, tube with ten folds inside, enclosing the stamens, lobes emarginate, flower white with dark purple specks inside, ovary strongly bearded; moist shady places along the Mississippi; May; plant four to eight inches high, with small and delicate flowers.

Galium triflorum (Gray), stem weak, reclining or prostrate, bristly roughened backwards, on the angles, shining, leaves 6 in a whorl, elliptical lanceolate, bristly pointed, with slightly roughened margin, peduncles 3 flowered, the flowers all pedicled, fruit bristly with hooked hairs, lobes of the greenish corolla pointed. Var. *purpureum* (mibi), whole plant rougher, corolla dark brownish purple, emitting a very offensive odor.—*Peninsular Journal of Medicine.*

Fatality of Cholera in Naples.—The American Medical Monthly says, that "out of one infamously dirty alley in Naples, cholera destroyed one hundred and forty-three out of one hundred and forty-six inhabitants. The three survivors were removed by the authorities."

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LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER XVII.*

RESULTS OF THE TREATMENT.—Let us here, then, proceed to examine what has been the definitive result of this treatment (the principles of which I have explained to you, together with the most extended details), and inquire if it merits the confidence we accord to it.

Taking into account the patients who are still under treatment, we have had under our care 68 cases of uterine displacements. We have obtained 44 complete definitive† cures—up to the present day fully confirmed. Four experienced amelioration only, and to these 4 may be added 2 which have been sensibly improved, but in which it is necessary from time to time to re-place the stem-pessary because they exhibit some of the symptoms which indicate a new tendency to displacement. It is probable that these two patients will recover completely in a very short time. They might with equal propriety be classed among the relapses, which will give us 5 in place of 3, as we now reckon the latter, by leaving these two among the ameliorated, where they deserve to be.

In our 3 relapses, we reckon only those which have been treated anew, and are not yet cured of the relapse. For two of them, which are ranged among the cases of cure, had, after a long time, a new relapse, which necessitated a new course of treatment, after which they entirely recovered.

Twice we effected no change. One of these two cases was an anteversion, which, though a little ameliorated, was so slightly improved, that I felt that I had no right to make any account of it. In the other, the treatment was not completed, the patient not having thought it proper to continue it. It is true that in the latter we had not obtained any amendment; but I have so many times seen recovery take place, when, for a certain length of time, the treatment seemed to have no effect, that we should never, I think, be in haste to renounce it too soon.

* This number completes the series.—TRANS.

† Since these lectures were completed, the greater part of the cases in course of treatment have recovered, and other radical cures have besides been obtained. We can also say that in proportion as the instruments are perfected, we acquire more skill in their employment, the cures become more numerous and more prompt. But we did not wish to make additions to this first series of cases, and we exhibit them as they presented themselves at this epoch.—NOTE OF M. VALLEIX.

In two other cases, though the displacement was reduced, and the uterus returned completely to its place, yet certain symptoms persisted after the cure. In one of these, there were very severe pains, situated in the vulva, in the sides, in the walls of the abdomen, accompanied with tormina—with a sensation of burning during defecation, although there was no anal fissure. There were similar pains in the head, which, however, finally yielded. This patient had suffered primary syphilitic symptoms, afterwards lost her hair, and pursued an anti-syphilitic treatment. The pains are less severe than when the displacement existed, though we know not if they ought to be attributed to that lesion, or considered as due to syphilis. As mercury had not been given, and as these symptoms had been treated exclusively by iodide of potassium, I have prescribed pills of prot-iodide (*proto-iodure*) of mercury, the effect of which I await.

The other patient retained a frequent desire of micturition, which had diminished a little under the influence of belladonna, to re-appear subsequently. As I have not seen her since, I know not what has been the result as regards this symptom.

Two patients suddenly left Paris immediately after the treatment was terminated. They felt well, and the cure was entire. But has that cure maintained itself? As I have had no information on this point, I prefer to consider these cases as uncertain rather than to expose myself to error by adding them to the 44 cases of confirmed cure.

Finally, 9 patients are still under treatment. Of this number many have already experienced a noticeable amelioration, and will, I hope, admit of being ranked among the cures. But it is not permitted us to pass judgment upon this subject. Cutting off, then, these 9 cases from our total number, there remain to us, in place of 68, but 59, out of which there are 44 fully confirmed cures.

This number of cures is already considerable, and you see from the details into which I have just entered that the list might in strictness be augmented by joining to them those in which the amelioration was very sensible, those which I call uncertain, and those in which the replacement was complete, but in which there were pains or dysuria.

The long-standing of the disease opposed no obstacle to the rapidity of the recovery. The different species have not all been equally easy of cure, anteversion offering the greatest amount of difficulty. This is explained by the consideration that anteversion being only the exaggeration of the normal situation, the uterus cannot during the treatment be sufficiently turned away from its vicious position, and preserves consequently a greater tendency to revert to it. The different degrees of flexion are easier of reduction, because the tissue of the uterus being softened at the point of flexion (and I have shown you this softening of the tissue persisting even after death), the organ, when it is re-placed, sinks upon itself at this point, and ends by maintaining itself in the direction given to it.

Relapses.—After what I have told you of relapses occurring at the end of six months—a year—two years after recovery, you might ask yourself if this cure is real, and if the treatment is not insufficient. But

in the first place, it should be remarked that in these cases the displacement was usually re-produced under the influence of a new cause. Then when the treatment was re-commenced, it was not necessary to prolong it so much as before, to obtain a new cure. Thus the benefit that it brought about for the first time, was not completely lost, since the displacement was not as considerable as before. But supposing even that it was constantly so—that the cure were never definitive—and that the displacement must return every year, for example; would it not be a very great advantage in persons who had been sufferers for nine or ten years, without intermission, who had become sterile, and were losing flesh and strength—to have obtained, I say, a respite of nine months—ten months—a year—during which the health was re-established, no obstacle existed to conception, the strength had returned, and every kind of exercise was possible? Would it not be a great advantage to obtain such a result, and to know, that if there had been a relapse, a very simple treatment, and one attended with but very little danger, will suffice to recover the very same advantages for the same length of time? I say that though the cure were never to be definitive, such a result, in such conditions, would be in itself an immense success.

But you have seen that the case is quite different, and it will be sufficient for me, in order fully to convince you, if that is still necessary, to re-call the facts in a few words to your memory.

In three cases only, there occurred at the end of ten months, under the influence of new causes, a new displacement of the uterus, indicating a sufficient tendency to the reproduction of the displacement to be considered as a relapse, ten or fifteen days suffering to re-place the womb. Since then, the organ has remained in place, and the general health of the patients has been perfectly restored.

There remain the two patients in whom it was necessary to introduce the stem-pessary every two or three months, and to leave it three or four days each time, not because the displacement was re-produced, but because there was manifested a tendency to its re-production. I have not these persons at present under my observation, they having quitted Paris. Thus I cannot say whether this application of the intra-uterine pessary was entirely indicated every time it was made. But as the patients themselves hope for relief, and demand it, and as, on the other hand, the physician can watch its application with care, I see in it no great inconvenience.

These are the only cases in which we have seen relapse, or tendency to relapse; and you see, gentlemen, that their number is small. In all the others, the cure has fully maintained itself, and you are about to see that in a considerable number of them it has already lasted a sufficient length of time to remove any fears which may have been introduced as to its solidity.

In 30 out of our 44 patients, the cure dates back more than six months; in the greater part of these, a year; and in several, two years, or even two years and a half. If, then, we regard as definitive only these 30 cures, dating back more than six months, we shall have

still, out of 59 cases, more than half cured of an affection [usually] regarded as incurable.*

But it should be added, that the greater part of these patients have been subjected to new causes of displacement, and that they have resisted their influence. Especially should be mentioned three cases, in which the women, having met with heavy falls, the uterus has, nevertheless, kept its place—a fact which proves still more strongly than its duration the solidity of the cure.

Such are, to sum up, the general results obtained by means of this treatment, the principal precautions of which consist, first, in employing, in all the cases, the sound as a means of preparation, and in persevering in its employment, since it may suffice to bring about the cure; secondly, in making the stem of the smallest possible length, it being rare that more than four centimetres are required to maintain the uterus in its proper position; thirdly, in taking away the stem-pessary, if any febrile symptoms be observed, or in the greater number of cases if evident symptoms of approaching menstruation present themselves.

A few words upon the other modes of treatment employed for uterine displacements.—I have told you, gentlemen, from what motives I shall abstain from giving a full account of the other different methods of treatment to which recourse has been had. I shall content myself with pointing out to you, in a few words, the principal among them.

Dr. Bond (*American Journal of Medical Sciences, new series, vol. 17, Philadelphia, 1849*) has given a description of a new instrument for the reduction of *retroversion* of the uterus. This instrument is composed of two stems, concentrically curved, and destined to be introduced, the one into the rectum, the other into the vagina. The *anal* stem, which is the longest, is connected with the handle by means of a square body, in a groove of which the vaginal stem, the shorter of the two, may glide or be firmly fixed at will, by means of a screw. At the extremity of each stem is a piece of ivory. That of the anal stem being spherical, should be as large as will comport with the size of the anus, through which it is to be passed. That of the vaginal stem, the introduction of which is easier in consequence of the larger dimensions of the vulva, is oval. The two stems, introduced separately, the one into the rectum, the other into the vagina, seize the uterus and keep it up where the two stems have been fixed to each other by means of the screw.

In the two cases which the author cites, and which I have read with care, the employment of this instrument was not carefully followed up. It seems to me, then, that its value is completely problematical; and whilst suspending my judgment upon it till it has been sufficiently tried, I content myself with the remark that though very ingenious, it will be with difficulty borne in consequence of the length of this handle, which projects externally and is exposed to every shock. Furthermore, I would ask if the uterus will be firmly held between these two stems, which seize it by convex surfaces, whilst the two surfaces of the organ

* We are able to add now, after three months and a half, that all the cures have maintained themselves.—NOTE OF M. VALLEIX.

embraced are themselves equally convex? Will it not escape them by gliding to the right or to the left, on the slightest movement?

Formerly, Evrat and Richter recommended the elevation of the uterus by means of a spactula introduced into the rectum. It is evidently more difficult to raise it thus than by making use of the uterine sound; and you have seen how short a time it keeps its place after the reduction of the displacement, even when the replacement has been exaggerated. The measure recommended by these physicians can only, then, be employed in displacements, occurring during pregnancy—and you know we are not treating of these cases.

MM. Lallemand and Duges were the first to advise the introduction of a sound of large size into the cavity of the uterus, and the employment of it as a lever to replace the organ. As in the very great majority of cases it would be impossible to introduce such a sound—and that in consequence of the contraction of the orifices which I have mentioned to you—I believe these authors had in view only displacements occurring a short time after delivery. Then, indeed, the uterus not having completely returned to its original size, its canal remained sufficiently dilated to permit the introduction of a large sound. This manœuvre differs in nothing from that we practise with the uterine sound before having recourse to the intra-uterine pessary, but which is not always sufficient.

Sounds have been left in the womb to keep it in place. The inconveniences of this procedure—so evident that it has been completely abandoned—I will point out. In the first place, these sounds penetrated as far as they could go, and their constant contact with the fundus of the uterine cavity, provoked a painful degree of irritation, followed by inflammations even, and sometimes by perforations. Then their projection beyond the vulva, permitting them to hit against exterior objects, renders the production of these accidents more easy and more frequent.

Position, pointed out as a means of cure by Schmidt and Schweiganzen, has since been extolled by M. Gerdy, who had resorted to it in the treatment of one of the patients whom I have mentioned to you.—(Case VI.) In anterior versions, the patient should lie upon the back, the seat being more elevated than the rest of the body. In the posterior displacements, she should lie with the face downward, and keep the pelvis constantly elevated—a very trying position for a woman to keep for forty-two days in succession, as was done in the sole case cited of well-authenticated cure by this method.

It has been recommended to re-place the uterus with the fingers introduced into the rectum or into the vagina, or into both these canals at the same time. But this proceeding is of small utility in the unimpregnated state of the uterus, which then affords too slight a hold to be easily seized, and is possessed of too great mobility to remain a long time in the situation which has been given to it. We shall then reserve it for cases of pregnancy, in which we are interdicted from carrying instruments into the interior of the uterine cavity.

Pessaries of divers forms have been introduced into the rectum since the time of Vermondois and Desault, and I think I may say since that

of Aetius, whose "tampon" (*glandem*) was nothing else than a pessary of this sort. In later times, M. Huguier has obtained by this means the success mentioned in the thesis of M. Dufraigne.

More recently still, M. Favrot has advised the introduction into the rectum of a vulcanized India rubber bladder, which he distends with air. I know of no cases cited in support of this method, which appears applicable only to retroversions. Further, it is necessary to suppose that the bladder filled with air has sufficient force to raise the uterus, and that at the moment of raising it, it acts from behind forward, so as to bring it into its normal direction. Now the rectum being situated to the left, we are led to conclude, *a priori*, that in dilating it will push the uterus not directly forward, but rather to the right, and that thus a lateral displacement will be added to that backward already existing. We leave to ulterior observation the duty of teaching us what should really be thought of this remedy.

Dr. Beattie, whose example has been very much followed, had the idea of acting exclusively upon the cervix. He made use of pessaries which he introduced into the vagina, either between the uterus and the rectum for forward displacements, or between the uterus and bladder for backward displacements. In this manner results sufficiently satisfactory can be obtained if there be a simple version, and if the tissue of the uterus is sufficiently firm and resistant to enable this body to follow the movement impressed upon the cervix by the pessary; but if there be flexion it cannot be cured; and even in simple versions, if the tissue be soft, flexion may be produced, the cervix alone being moved, and being pushed in one direction by the pessary, whilst the body does not change its place. This happened in a case reported in the thesis of M. Piachaud. There being an anteversion, a roll of "*charpie*" placed behind the cervix, brought it forward, while the body did not stir, and an ante flexion was produced.

With this contrivance may be compared the pessaries of M. Hervez de Chégoin, which embraced the cervix, and at the same time being made either more prominent in front than behind, or *vice versa*, tend to push the body in a suitable direction. Like the preceding, they cannot act efficiently upon flexions. The same may be said of the pessaries of Drejer, of Sander, &c., also of sponges and tampons introduced into the vagina.

M. Amussat had recourse to a peculiar proceeding, consisting in the production of adhesions between the cervix and the wall of the vagina, which corresponds to the side towards which the body of the uterus is inclined. He does this in order that the body may be prevented from falling over in consequence of the cervix being fixed by these adhesions. This reminds us of the case reported by M. Ameline, in which an adhesion of the cervix with the posterior wall had occasioned an anteversion. M. Amussat cites several cases of cure by his method, which, nevertheless, like the preceding, appears powerless against flexions.

I have spoken to you (Case III.) of an instrument invented by M. Meyer, of Berlin. I have employed it often, and in one single instance, at the Hospital "Ste. Marguerite," it sufficed to cure an anteversion. In all the other cases, it procured only a slight alleviation. Other ap-

pliances, such as pessaries [of the ordinary form], alleviate also quite often, but rarely effect a complete cure.

It is the same with the *abdominal supporter* (*ceinture hypogastrique*), employed solely as a palliative. It comforts the patient by supporting the walls of the abdomen, and sustaining the intestinal mass, which, without it, would press upon the displaced uterus.

Finally, rejecting all mechanical appliances, some physicians have claimed to cure uterine displacements by internal remedies. Thus, Dr. Oldham (bichloride of mercury, &c., in Guy's Hospital Reports, October, 1848) has vaunted the efficacy of the deuto-chloride of mercury, taken internally. It is in support of such assertions that it would be important to cite numerous and conclusive cases, as at an epoch when it was the custom to treat engorgement alone, without taking the displacement into consideration, all the known resolvents were administered, and in the first rank the preparations of iodine and mercury. Nevertheless we have seen the displacements persist, and even the engorgement also, notwithstanding the occurrence of emaciation, and of notable atrophy of the glands.

I close here, gentlemen, what I have to say upon uterine displacements. I have, I believe, given as complete a history of these affections as the novelty of the subject has permitted; but—although considerable—the number of cases upon which I have based my conclusions is still too limited for me to claim to have said the last word upon the science of the diseases in question.

It is indeed probable that in course of time I shall modify greatly what I have here taught you, especially as concerns the treatment, the mode of employing it, the form of instruments, their application, &c. Nevertheless, the results obtained, up to the present time, can but engage us to persevere in the employment of the mode of treatment above described. This we mean to do, at the same time striving to devise such ameliorations as it may be susceptible of, in order to obtain a higher degree of perfection.*

* In concluding this translation, the translator takes the liberty of remarking that he by no means commits himself to the advocacy of all the doctrines set forth in the text. He however considers the proposition that no cases of displacement of the uterus have been cured by the intra-uterine stem-pessary to be one which cannot be maintained.

At all events the undersigned has felt that instruction would be derived from the writings upon the subject of so able an observer as M. Valleix, who, in the warm discussions which have arisen, has, in the words of M. Depaul, afforded "a fine example of the calmness and the dignity which belong to a true *savant*."

The Academy of Medicine of Paris, at its session of the 1st of August, 1854, adopted the following resolutions (see Archives Generales de Medecine, September, 1854); viz. :—

1st. "The cases reported to the Academy by MM. Broca and Cruveilhier, added to others more numerous in the possession of science, prove that the application of the intra-uterine pessary (*redresseur*) may often give rise to serious accidents, and sometimes even to death."

2d. "In the rare cases further in which this instrument has appeared to produce advantageous results, it has not been proved that it always brought them about by the replacement of the uterus."

The following resolution, offered, as were also the preceding, by M. Depaul, was not adopted by the Academy:—

"In a few exceptional cases in which displacements of the uterus produce serious functional troubles and resist all known therapeutic measures, the application of the '*redresseur*' may be tried as a last resource."

On the other side, again, the validity of the cases of MM. Broca and Cruveilhier is called in question by M. Valleix, who in a late memoir—the occasion, I believe, of the discussion at the Academy—quotes 153 cases, of which 108 were his own, and 45 occurred in the practice of others, observing that true accidents happened only 6 times out of these 153 cases, and that these accidents were all recovered from.

DANGERS AND USES OF THE OPHTHALMOSCOPE.

BY J. H. DIX, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FULLY admitting the primary importance of a correct diagnosis in diseases of the eye, as in all others, and admiring the zeal and ingenuity of the numerous gentlemen who from Babbage to Myerstein* have been inventing, modifying and improving instruments for exhibiting by artificial illumination the interior of the posterior hemisphere of the globe, I desire to call the attention of the profession to one circumstance connected with their employment which very unaccountably seems to have almost wholly escaped the attention of inventors of, and writers upon, the ophthalmoscope. I mean its *dangers*. Mr. T. Wharton Jones, in his recent summary of ophthalmoscopic contrivances, for the compilation of which he certainly merits the thanks of the profession, approaches but does not touch upon this subject when he says, "the use of the ophthalmoscope is necessarily circumscribed by the capacity of the eye to bear the concentrated light." I would ask when and how this capacity is to be measured, and if there can be any more conclusive evidence of the *incapacity* of an eye to bear concentrated artificial light, than the fact that the eye is amaurotic, or, what is practically equivalent, that its vision is impaired or disturbed without any obvious† opacity of the transparent media. The liability of astronomers, sea captains and mates, microscopists, engravers, watch-makers, &c., to amaurosis is well known. They are exposed to or make use of either reflected or refracted natural and especially artificial light. In the ophthalmoscope, artificial light alone is used. This artificial light is always reflected. If it is reflected only as in the ophthalmoscope of Helmholtz, it is ineffective and useless for investigation of the posterior hemisphere, and for determining the state of the lens not more decisive than the ordinary catoptric method. If the light is, besides being reflected, refracted and concentrated as in the later improvements, the instrument is unquestionably effective for investigation of the posterior hemisphere, and dangerous very nearly in proportion as it is effective.

In proof that these objections are not merely theoretical, I condense from my memoranda a short statement of two cases of amaurosis.

October 19th, 1852.—Mr. J. K., æt. 26. Three months ago, for some purposes required in a telegraphic office in which he was employed at Newburyport, he looked through a convex lens for five or six hours almost incessantly, there being beyond the lens in the line of his vision

* Babbage, 1847.
Helmholtz, 1851.
Rute, 1852.
Kotzius, 1853.
Follen and Natchet, 1853.
Ulrich, 1853.
Van Trigt and Donders, 1853.
E. Jäger, 1854.
Anagnostake, 1854.
Myerstein, 1854.

† To the eye with or without a lens, or by the catoptric examination of M. Sauson.

a bright argand burner. On the following morning he found, before the left eye, a black floating spectrum of the size of a pin's head, and the vision otherwise indistinct, with supra-orbital pain. For these three months there has been no change, and looking at the title-page of the Boston Directory for 1851, although he can make out their location he cannot distinguish the largest letters.

After some nine months' treatment, the vision of the eye was nearly but not wholly recovered.

The exposure in this case was not indeed precisely that of an eye subjected to an ophthalmoscope, but it was similar, the light being artificial and received by the eye through a refracting medium, and not more prejudicial certainly, for being distant and direct instead of near and reflected. It was much longer continued than is required for an ophthalmoscopic examination. But a cause which will suffice, if long-continued, to produce amaurosis, may well be expected, though but for a few minutes acting, to aggravate a pre-existent amaurosis.

The second case is now under my observation, and was first seen by me Nov. 25, 1854. Mr. B. McL., æt. 37, a merchant, some four years ago having been for a month closely occupied day and night with account books, began to see before his left eye small translucent muscæ in rings and curved lines. To these were added a few dark dots not larger than a pin's point. His occupations were afterwards less fatiguing to his eyes, and these spectra remained unchanged for nearly four years, except that under certain conditions of light, he has during the last year seen before the right eye occasionally and momentarily similar appearances of less amount.

Early in September, 1854, he had for several days severe headache, chiefly in the frontal region; and as the pain subsided was sensible of a very considerable increase in the number and size of the spectra, especially of those before the right eye, the one before least affected. Calling upon a surgeon in Glasgow, his eye was examined in a dark room by light reflecting from a mirror.* The examination lasted some ten minutes. Immediately after the daylight was returned, he found a prismatic coloring on the outline of all objects, and very soon a general blur before the right eye. The prismatic coloring disappeared in about a week, but the vision of the right eye has never been distinct, though perhaps a little more so than during the first week after the examination. His engagements have until this time prevented any systematic treatment. Now no objective symptom of disease, except a suspicion of a slight enlargement of pupil of the right eye. With the left eye sees perfectly the finest print, and is aware of the spectra only when out of doors or exposed to reflected daylight. With the right reads nothing smaller than the words City Record in the title-page of Boston Directory for 1854. Has of late seen in the dark an occasional silvery glimmering with this eye. Iris light hazel; health good.

* * * * *

* From his description I presume the instrument used was the ophthalmoscope of Helmholtz, modified by Coccus.

I wish to be distinctly understood as not denying the indispensable necessity of accurate pathology upon which to base rational and successful therapeutics; nor as undervaluing the possible advantages to the diagnosis of diseases of the retina and choroid, from a safe and legitimate use of the ophthalmoscope, but only as protesting against its employment for the immediate diagnosis of incomplete, hopeful or questionable amaurosis.

For the exploration of an eye, the retina of which is wholly and hopelessly insensible to light, the ophthalmoscope is of unquestionable value, and in connection with subsequent microscopic autopsy may give us the pathological anatomy of amaurosis and other diseases of internal textures of the eye. This I conceive to be the only safe and therefore the only legitimate use to which, as now constructed, these instruments can be applied.

It is wiser, upon the whole, to diagnose and treat a case of amaurotic disease according to its subjective symptoms, than for the sake of the possible finding of objective ones to incur a risk of blinding the patient.

The history of amaurosis, it has been said, is still unwritten;* and in a certain sense and with some limitations the remark is true. But this history had better remain unwritten, than that an eye partially and not hopelessly amaurotic be exposed to the ophthalmoscope. Surely no sane person can propose to contribute to this history a chapter on pathology at the expense of actual vision.

Boston, December 1st, 1854.

OBSERVATIONS ON DR. CARTWRIGHT'S SUGAR-HOUSE CURE OF CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have read with much interest, Dr. Cartwright's case of sugar-house cure of consumption. Without at all entering into an analysis of his reasons for calling it "tubercular phthisis," it seems to me quite doubtful whether his detail of symptoms, and particularly his *modus curandi*, warrant more than disease of the larynx and bronchial tubes.

Aphony, a prominent symptom in the case, is sometimes induced by severe taxation and exhaustion of the vocal cords. Ordinarily, however, it is owing to inflammation of the larynx and some portion of the trachea; and when it passes into ulceration, we have muco-purulent secretion, with "spots" and "streaks" of blood.

The same, in part, is true of *bronchial* inflammation. It is quite common, in the secondary stages, to witness an abundant secretion, not a small portion of which is sometimes pus. With pus, we often have more or less hemorrhage, according to the size or extent of the ulceration.

The fact, *therefore*, of the loss of voice, severe cough, expectoration with "spots" and "streaks" and "hemorrhage," proves not "tubercular phthisis."

* Mr. Dalrymple.

The statement that an absolute change, on all these points, was effected in such a brief space, *three weeks*, supposing the patient's disease was tuberculous, carries upon its face something so marvellous, one can but feel more than the shadow of a doubt whether there be not in the relation a mistake. Indeed, from an examination of the *means* by which these results were obtained, it is evident the patient was not suffering from softened tubercle.

No pathological principle is better settled, I believe, than that this class of patients will not bear the waste of the sweating process; and I can no more believe that a cure of "tubercular phthisis" was effected through that agency, than I can believe it was effected by bleeding. Indeed, the two agents, in their results, are quite analogous. Both reduce the volume of pulse, thin the blood, waste the flesh, weaken the vitality, have a direct tendency to induce hectic symptoms, and *consequently to develope phthisis*.

How, then, did this "maid of the mist" endure her drenching sweats from "rosy morn till dewy eve," and the while gain flesh and strength, except her disease was of *sthenic* character?

The *patient's* remarks touching the condition of her *skin* prior to her entering the sugar-house, furnish additional evidence, were it necessary, of the nature of her case. She says it was *hard* and *dry*; and notwithstanding the most persevering efforts on the part of her physicians, they were never able to produce perspiration, &c.

I submit to the profession whether this condition of the cutaneous exhalants, is compatible with her supposed *development* of tuberculous disease. I think not. No symptom of consumption is better marked or more obvious, than the ease with which this class of patients sweat. Slight exertion, increase of temperature, mental excitement, sleep; all have a *tendency* to perspiration. An absolute inability, on the part of her medical advisers, to induce it, demonstrates an error in diagnosis.

That absolute changes were wrought in the condition of the lady, as described, I am prepared to admit. I have been, myself, witness to the recovery of so great variety of bronchial and laryngeal cases, that I am prepared to give full credence in this particular. Besides, the philosophy of the cure is quite obvious.

To this result two conditions are indispensable. 1st, the exhalants of the skin must become *active*; and 2d, the circulation must be determined to the surface of the body.

With the sympathy which exists betwixt the skin and mucous membrane of the lungs, all are familiar. The active treatment which this lady applied externally, had a direct tendency to relieve the internal disease, as already suggested, and consequently to restore a healthy tone and a healthy secretion.

There is, however, through the entire article by Dr. C., an evident desire to impress upon its readers the idea that this "*sugar-house cure*" was essentially influenced by the inhalation of *sugar*.

That such may have been the fact, I will not deny. But prior to its admission, it seems to me there are several propositions which ought to be considered, and to which I beg leave to direct the attention of medical gentlemen.

1st. In the evaporation of water from the cane-juice, is sugar an element, to be found in *definite proportions with vapor*?

2d. If such be the fact, is the saccharine matter, when inhaled, absorbed by the blood?

3d. If so, does the act constitute a process of nutrition; and, *ergo*, can the lungs be made to do the work of the stomach?

4th. Admitting the *first* proposition, is there evidence, aside from Dr. C.'s case, that the inhalation of sugar acts favorably as a *local* stimulant, in healing an abraded surface, or in causing the absorption of tubercle, &c.?

GEOR. HOYT, M.D.

Boston, December, 1854.

DEATH FROM OLD AGE—OR NATURAL DEATH.

THE following account of death from old age, by the distinguished divine, Dr. A. L. P. Green, of Nashville, will be read with great interest by every student of nature. The death of Aunt Phillis, as the doctor beautifully expresses it, was truly a "natural death," for death from disease is not according to nature, but might truly be classed under the head of "accidents" or "casualties."—*Ed. Nashville Med. Journal.*

DR. EVE. Dear Sir,—I promised you that I would furnish you with some of the facts connected with the last days of Aunt Phillis, an old negro woman of mine who died last fall. Aunt Phillis was at the time of her death, at the lowest estimate, 111 years old, and the probability is that she was several years older. For fifty years she has enjoyed uninterrupted health, and as far as I have been able to learn, she was never sick in her life except at the birth of her children. For thirty years of her life, and down to within three years of her death, she did not seem to undergo the slightest change in her appearance, time exercising little power over her. The first sign of decay was that of sight, which took place about three years before her death; up to that time she was in the full enjoyment of all her senses, and at 104 years would have married an old negro man of 75 if I had not objected. Her sight failed not in the usual way, but she became near-sighted, not being able to see objects at a distance. Soon after this, her hearing declined, but up to the time of her death she could still hear better than old persons generally do. The first indication of mental failure was that of locality, she not being able to find her way to a neighbor's house, yet her memory seemed perfect in all other respects. She recollected her friends and old acquaintances, but could not find her way to their houses. I at first supposed that this was owing to defective sight, but on examination found it was in the mind. Still her locomotion was good—she had the full use of herself, and could walk strong and quick like a young person, and held herself up so straight, that when walking from me I often took her for some one of the younger servants about the premises. The next, and to me the most singular sign of decline, was that she lost the art of walking—not that she had not strength enough to walk, but forgot how to walk. The children would lead her forth and interest

her for a while, and she would get the idea which seemed to delight her very much, and she would walk about the yard and porches until some person would tell her she had walked enough—but she would no sooner take her seat and sit for a few moments, before all idea of walking would be gone, and she would have to be taught over again. At length she became unwilling to try to walk unless she had hold on something; take her by the arm and she would walk, and walk well, but just as soon as you would let her go she would stop, and if no further aid was afforded her she would get down and crawl like a child; and at length became so fearful that she refused to walk altogether, and continued to sit up during the day, but had to be put to bed and taken up like a child. After a while she became unwilling to try to get up altogether, and continued to lie until she died. All this time she seemed to be in good health, took her regular meals, and her stomach and bowels were uniformly in good condition. I often examined her the best I could, and she had no pains, no sickness, no aches of any kind, and from her own account, and from all that I was able to learn, she was in good health and all the while in fine spirits. The intellect and the mind seemed to be perfectly good, only that she did not seem to know where she was all the time. At length one of the children said to me that Aunt Phillis was getting cold, and on examining her I found it even so; the extremities were cold—still she took her regular meals, and did not complain of anything, and the only change that I recollect of, was that she slept a little more than usual. The coldness increased for two days, when she became as cold almost as a dead person. Her breathing began at length to shorten, and grew shorter and shorter till she ceased to breathe. Death closed in upon her like going into a soft, sweet sleep, and for two minutes it was difficult to tell whether she was breathing or not. There was no contortion, no struggle, no twisting of the muscles, but after death she might have still been taken on a slight examination to have been in a deep sleep. So passed away Phillis—the only natural death I ever witnessed.—*Nashville (Tenn.) Med. Journal.*

PROBABLE CASE OF POISONING FROM A SLIGHT ABRASION BY
THE THUMB NAIL.

BY W. D. MAULL, M.D., GEORGETOWN, DEL.

THE impression of the poisonous nature of the nails of the fingers and thumbs, has obtained with many outside the profession, and plausible cases occasionally arise, which favor strongly the received impression, though it is difficult to conceive in what manner these horny appendages of the skin, in their formation identical with the epiderma, can by wounding any part of the body, convey into the system a poison which shall manifest itself generally over the surface. But notwithstanding this view, in our practice we have met with a case which we can reasonably attribute to no other cause than an abrasion or scratch from the thumb nail.

The case we refer to was that of a young girl, æt. about 4 years, who in the act of being fondled by her father a day or two before his death, which resulted from consumption, received a slight wound under the lower eye-lid, from his thumb-nail. Her relatives stated that the wound soon began to inflame, and that an eruption gradually spread itself. She had been thus affected for about a year, when our attention was directed to the case, one or two physicians having previously seen it and prescribed. We found the poison manifesting itself profusely; there being an eruption thickly spread over the face, and at times upon the breast, head, and upon the hands when they were brought much in contact with the virus. Her eyes had been closed for a period of about two months, she being unable to open them, on account of the secretions being so abundant and vitiated as to clog them. There was an almost constant discharge from the nose, of a matter resembling that from the Schneiderian membrane in the resolving stage of a catarrh: no disposition for sport with other children; languid; seldom spoke except when interrogated; forming, upon the whole, an exceedingly sad spectacle of physical suffering in a child.

Treated her somewhat upon the homœopathic principle—that of *similia similibus curantur*: prescribed two drops of liq. potass. arsen., ter die, and directed the eruption generally to be anointed with the ung. hydrarg. fort., and in addition ordered some laxative medicine. In the space of three weeks the child had almost completely recovered.

It may be well to observe that the possibility of the child's coming within the sphere of the influence of the *Rhus Toxicodendron* or poison oak, was precluded by her age and other attendant circumstances, though there are many persons who are very easily affected by this shrub, the properties of which manifest themselves very abundantly at times.—*New Jersey Medical Reporter*.

A CASE OF POISONING.

BY M. A. MILNER, M.D., OF FAIRFIELD, TEXAS.

THE comparatively rare occurrence of poisoning by hydrocyanic acid, or preparations containing it, as cyanide or cyanuret of potassium, is admitted; yet it does sometimes occur, and this induces me to report the following case, with the hope that it may elicit further inquiry for a certain antidote, and the proper management of such accidents.

On the 6th inst. (October), Col. W.'s little daughter, Fanny, 3 years old, in company with others, visited a Daguerreian gallery, in the second story of my office. While the artist was preparing a plate, one of the ladies gave the child (for water) a solution of the chloride of silver and cyanide of potassium, used to galvanize plates. The mistake was discovered immediately, and the child brought into my office, with the cry—"Do something quick! it is poisoned with the chloride of silver." One glance revealed to me the truth of the alarm. Her face was flushed, her breathing slow and stertorous, and she was apparently insensible. With all possible haste, I tried a mustard emetic, but found she could

not swallow, and immediately resorted to the stomach-pump, and succeeded in drawing off a good portion of the fluid contents of the stomach. It being a short time after dinner, however, the imperfectly chewed and undigested bits of meat, &c., would fill the eyes of the tube, and prevented as effectual an emptying of the stomach as was desired. I then forced salt water into the stomach, but to no purpose, for the child was *dead*.

The length of time from the drinking of the poison, until the last gasp for life, was between four and five minutes.

None of the antidotes, as laid down by authors, were used, such as chlorine water, ammonia, cold water, &c.

In conclusion, I would respectfully ask, where such prominent poisons are taken, and the paralytic effect on the nervous system so instantaneous, should emetics, or the stomach-pump, be thought of for relief? or should we depend upon inhalations and the administration of antidotes?

The composition of the poison was about $\frac{3}{4}$ jv. cyanide potassium; $\frac{3}{4}$ j. chloride silver, and three pints of water.—*Southern Medical and Surgical Journal*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 27, 1854.

The late Dr. Parkman.—Resolutions of Respect.—The death of Dr. Samuel Parkman was mentioned in last week's Journal. At a meeting of the Suffolk District Medical Society, held on Saturday, Dec. 16, 1854, Dr. H. I. Bowditch presented the following resolutions, which were unanimously adopted:

Resolved, That we have heard with deep regret, of the death of our associate, Dr. Samuel Parkman.

Resolved, That though comparatively young in the profession, he had already won the esteem, even of his seniors, by his gentlemanly demeanor, his excellent judgment, his unbending integrity and high medical attainments.

Resolved, That we hereby most respectfully tender to the family of our deceased associate, these feeble expressions of our cordial sympathy in the bereavement which has fallen thus heavily upon them.

Resolved, That if it be agreeable to the feelings of the family, the members of this Society will attend his funeral.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and that they be published in the daily journals.

Resolved, On motion of Dr. Coale, that the members of the Society will meet at their room in Phillips Place, on Monday, Dec. 18th, at 1 P. M., to attend the funeral of the late Dr. Samuel Parkman.

Diseases and Injuries of Seamen.—Very laborious efforts have been made, from one period to another, by medical men, to teach seamen how to take care of themselves, both in health and sickness. How far these benevolent

intentions have succeeded, it is difficult to decide. Sailors still sicken, and, like other mortals, suffer the penalty of indiscretions, by undergoing the pains of various maladies. We have sometimes doubted whether seamen ever derived essential advantage from the treatises which have been prepared for them. They are actuated by sudden impulses, which make it the more difficult for them to be thus benefited. Then when it comes to the weighing of doses, watching the pulse, and giving drops to men accustomed to swallowing large spirituous potations, it is pretty certain their practice, under the minute guidance of the very best guide-book, must fall lamentably behind their own hopes or wishes. But upon the principle that, in the dilemma of sickness at sea, something is better than nothing, the sale of these medical manuals should be urged upon ship masters and owners. The full title of the volume under consideration is as follows—viz., “Diseases and Injuries of Seamen, with remarks on their Enlistment, Naval Hygiene, and the Duties of Medical Officers. By G. R. B. Horner, M.D., of the U. S. Navy.” With large experience as a surgeon in active service many years, Dr. Horner’s name, at the outset, imparts a decided character to the work. In the compass of sixteen chapters, a comprehensive detail is given of the ails and aches of the dwellers on the ocean, together with the contingencies of wounds, broken bones and other misfortunes. Each and every topic is ably and scientifically treated, yet expressed in language that all intelligent seafaring people may understand. The plates present a clear insight into the between-deck accommodations. They are admirably executed. It adds immensely to the true value of any book, in this age of picture writing, to introduce a plenty of drawings. They teach far better than some are ready to admit. If men are but children of a larger growth, a point long ago contended for, then act upon the principle and interleave the pages with accurate plates. This is one of the publications of Messrs. Lippincott, Grambo & Co., of Philadelphia, who are fortunate in securing a host of the best medical writers of our country, to say nothing of foreign authors. We hope success will attend Dr. Horner’s efforts in behalf of a much neglected class of men, who suffer from exposures and vicissitudes in different climates; from a want of social relations; from moral causes; and from various other sources, to enrich their employers and develop the commercial energies of their country.

Dr. Flint’s Introductory.—The Professor of Surgery in the Kentucky School of Medicine, at Louisville, is Joshua B. Flint, M.D., who formerly resided in Boston. He was distinguished in early life for an attachment to, and correct acquaintance with, surgical anatomy, which he has doubtless cultivated ever since, with characteristic perseverance. Before us is his introductory to the present lecture term, full of profitable suggestions, and abounding in sentiments that all men honor, whether from the lips of a surgeon, a philosopher, or a plain man without a doctorate. Dr. Flint’s style is fervid without being over done, and the whole lecture commands our admiration. Cannot some one give us here at the north a synoptical account of what may be done at the two Louisville institutions the present winter? Notwithstanding the direct, ready intercourse, how little the profession know of each other a few hundred miles apart.

Medical School of Maine.—By indefatigable perseverance, this School has become one of the permanent institutions of New England. Its far-off

location must obviously lessen the number of students, since there is no region beyond, easterly, from whence any large number could come. By systematic preparation, and, at the beginning, securing a fine anatomical collection, rare books and talented professors, the Maine School of Medicine has maintained an honorable distinction even among the more colossal colleges of the country. This is not faint praise, but a hearty declaration of good will, predicated on what the medical public think and say of the Brunswick faculty. Still, we are of the opinion that if several of the smaller schools could by some chemical process coalesce, it would be a happy circumstance, because, by concentrating forces, their power would be greatly increased. But we must take things as they are, and hope on for the advancement of legitimate medical science. The next course of lectures in the Maine School will open on Thursday, Feb. 8th.

Early Marriages.—This was the subject of a recent instructive discourse, by Prof. John M. Watson, of the medical department of the University of Nashville. Dr. W. is a staunch advocate for early hymenial connections. Like a Hebrew of ancient days, he would have young people joined in wedlock as soon as they feel a prompting by the passions. This, it is maintained, has become a matter of expediency in these degenerate times. The children of young parents are vigorous both in body and intellect, and longevity is part of their inheritance. On the other hand, the offspring of elderly people have a feeble organization, are more prone to maladies, and indicate less vital force than the class before mentioned. Calculating, sage fathers and mothers would be shocked at the idea of having boys married at fourteen and girls at eleven or twelve; and to be grandfathers and grandmothers before their sons had beards developed, would be horrifying. But such relations have existed in the Orient thousands of years. Whether or no this discourse of the learned professor will bring about earlier matches, remains to be seen.

Spiritualists' Association.—Within the past week there has been laid upon our table a pamphlet, containing the Constitution, By-laws and a list of officers of the Spiritualists' Association, accompanied with an address to the public. Among the names of the officers, we recognize many who have been men of influence in the community—men of great learning and wealth, and who evidently, from their position in society, will give a character to the association. We did not think, three years since, that our spiritual friends would have deemed it advisable to organize for associated action, in order to make proselytes to their new light, nor do we think they will gain much in the adoption of the course now taken; but as they say that there are "nearly *two millions* of people in our nation, together with *hundreds of thousands* in other lands, who are already believers in spiritualism," it is proper enough that they should have their own way, provided no harm is done. We have often alluded to the injury that these spirit-rappers have produced upon their poor deluded followers; and until we see something which shall convince us that we have been in error, we shall continue to entertain our opinions respecting them, and shall carefully watch their movements.

Reported Death from the Inhalation of Ether.—The Albany (N. Y.) papers mention the recent death of a young lady in that city, which took place

while she was under the influence of ether. It appears that the lady, 18 years of age, had some kind of a tumor situated upon the neck, and she was taken to the hospital in order to have it removed. Ether was administered. She appeared to sink, when stimulants were at once given, which had the desired effect. After she had recovered, more ether was given, and Dr. March proceeded to the operation. From the stupefaction produced by the ether, she never recovered, and died in a short time. Our information is very limited, as the report is imperfect. Indeed we are unable to state whether the operation was completed, nor do we know the kind of ether made use of on the occasion. If sulphuric ether was used, and in the ordinary way, it is the first time, to our knowledge, that it has occasioned death. We shall suspend our opinion in regard to the matter, until we have a more perfect report of the case, and we hope some of our friends will furnish us with one.

Dr. Beale, the Dentist.—It is understood that Gov. Bigler, of Pennsylvania, has refused to revoke the sentence of the court in the case of Dr. Beale, the dentist, who will therefore have to remain in prison until the expiration of his sentence. The dentists of New York city have held their third meeting in relation to this case, a special messenger from their body having been sent to Philadelphia for the purpose of making a thorough investigation of the matter. The conclusions they have come to, after this investigation, are, that Dr. Beale has been wrongfully accused, and is innocent of the charge which was made against him.

Poisoning by Common Coal Gas.—Mr. Gartner, of Stuttgart, relates in the Wurtemb. Corresp. Blatt., the following particulars of a case of poisoning by the escape of coal gas in a dwelling house.

"The gas affected a lady, her servant maid, and also an English pointer dog. The lady was first seized; her illness began with an affection of the head, sickness, vomiting, and purging of thin rice-water-like stools, in which whitish flakes were observed. After twelve hours she recovered, but felt very drowsy. On the 5th day she experienced pain in the back part of the head, lassitude, vertigo, tinnitus aurium, and loss of appetite, accompanied by a loaded tongue, a small pulse of 90, and cessation of the menses. Blood of rather a dirty dark-red color, presenting no buffy coat, was abstracted from a vein. Next day the patient was worse; she was quite insensible, and lay with closed eyelids; the eyes were turned up, the pupils were much contracted, and unaffected by the influence of light; the face was red and swollen; there was trismus; the arms were flexed at the elbow-joints; the respiratory movements were very feeble; the pulse was hardly perceptible; and the skin warm and insensible to touch. Venesection having been repeated, and suitable restorative remedies administered, the patient revived in three hours, and was quite well in a few days.

"In the servant girl similar symptoms occurred, but not with such severity, which may be attributed to the fact that the atmosphere of her chamber had not been so strongly impregnated with the gas. She had severe cramps of the extremities, great jactitation of the hands, flexion of the arms at the elbows, great restlessness, and inclination to yawn. Her blood presented no buffy coat. Latterly she had a non-febrile bloody diarrhœa. She recovered in fourteen days from the date of her seizure.

"The dog was found insensible, and quite stiff, as if dead, but it soon recovered."

The Cholera in London.—The cholera exhibits a continued decrease. The deaths from it, which in four weeks of October were 411, 249, 163 and 66, in the last were only 31. In the same five weeks, diarrhœa was fatal in 98, 102, 78, 46 and 33 cases.

From the report of the Registrar-general it appears that 10,530 persons died in London, being 45 to every 10,000 people. 2018 persons died of the epidemic in the west districts, comprising Kensington; Chelsea; St. George, Hanover Square; Westminster; St. Martin-in-the-fields; and St. James's, Westminster. The mortality by cholera was here at the rate of 54 in 10,000 inhabitants. The mortality in the five north districts, Marylebone, Hampstead, St. Pancras, Islington and Hackney, was 15 in 10,000 inhabitants. The average annual value of the houses in the west districts, ranged from £29 to £128; in the north district, from £35 to £71. The mean density of the population is nearly the same. In the west districts it is 35, in the north districts 36 persons to an acre. The west districts are supplied chiefly by the Chelsea, West Middlesex, and the Grand Junction Companies, with water taken from the Thames at Battersea, Hammersmith and Kew. The north districts are supplied by the New River Company, the West Middlesex, the East London and the Hampstead Companies. The mean elevation of the west districts is 30 feet, of the north districts 86 feet above the Trinity high-water mark. In the Hanover-square sub-district, 9 in 10,000 people died of cholera; in the Golden-square sub-district, 189 in 10,000. In the northern districts, the mortality ranged from 6 in the Cavendish-square sub-district, Marylebone; to 52 in All Souls; but a large number of the deaths in the latter sub-district occurred in the Middlesex Hospital, and came principally from the district of St. James's, Westminster.—*London Lancet.*

Medical Appointment.—Dr. Ludwig, of Portland, Me., has been appointed Physician and Surgeon at the Marine Hospital there, in place of Dr. Fabyan, who has removed to Boston. Dr. L. ranks high in his profession, and the appointment is favorably noticed in the public papers.

Medical Miscellany.—Our city continues remarkably healthy.—A Dr. Thompson was lately hung in effigy at Richmond and Petersburg, Va., but for what cause, we are unable to learn.—During the week ending Nov. 18, the births of 666 boys and 627 girls were registered in London; total 1293.—The additional apothecaries for the British army in the East are to be selected from the dispensers of medicine already employed there.

TO CORRESPONDENTS.—Dr. Griffin's case of Obstruction and Perforation of the Bowels has been received.

DIED,—At Braintree, Mass., Charles M. Fogg, M.D., 49.

Deaths in Boston for the week ending Saturday noon, Dec 23d, 64. Males, 34—females, 30. Apoplexy, 1—bronchitis, 1—consumption, 10—convulsions, 2—croup, 3—dysentery, 1—dropsy, 1—dropsy in the head, 2—drowned, 2—debility, 1—infantile diseases, 8—puerperal, 1—erysipelas, 1—typhus fever, 2—typhoid fever, 2—scarlet fever, 1—hernia, 1—hooping cough, 1—disease of the heart, 1—inflammation of the lungs, 5—marasmus, 2—old age, 1—pleurisy, 2—smallpox, 6—teething, 4—tumor, 2.

Under 5 years, 23—between 5 and 20 years, 8—between 20 and 40 years, 21—between 40 and 60 years, 5—above 60 years, 7. Born in the United States, 41—British Provinces, 7—Ireland, 4—England, 1—unknown, 1.

Case of Gun-Shot Wound of the Brain, with Recovery.—By T. S. SMITH, M.D., Murfreesboro', Tenn.—I was called on the morning of the 1st of May to see W. J. C. The messenger informed me that he had been shot in the head at 9 o'clock, P. M., April 30th. On my arrival I found him lying on the floor with a blanket thrown over him, where he had lain from the time he was shot until I arrived, which must have been some 10 hours. His hair was clotted with blood, and from the statement of those present, he must have lost some 2 or 2½ pounds of blood. He was intoxicated when shot, and was an habitual drunkard. The pulse was 52, intellect wandering, great nausea. I administered a nervous stimulant, and proceeded to examine the wounds. When the hair was removed which hung over his forehead, three wounds were displayed: one a flesh wound over the right eye two inches long, cutting the anterior branch of the temporal artery in its passage; but this had ceased to bleed when I saw him. A second slug (for such were the missiles with which the pistol was charged), had entered the squamous portion of the temporal bone, and passed out through the frontal bone half an inch to the left of the median line. The dura-mater was plainly visible through the entrance of the slug, and a small probe could be passed to the depth of three inches in the head. The brain was oozing from the exit, and the probe could also be passed to the depth of three inches in this opening. Dr. P. W. Burke was called in counsel, and we agreed to draw together the integument and retain it with adhesive strips to prevent the brain from escaping—a small opening was left for the escape of any fluid that might appear in the wound. He was then placed on a litter and moved to his father's house, distance one mile. By this time some re-action was coming on, and reason somewhat restored; complained of considerable pain in the posterior portion of the head, some subsultus tendinum. One grain of calomel was ordered every hour for six hours, then followed by saline cathartics. Saw him again at 6 P. M. Pulse 100 strokes per minute; skin warm and dry; no nausea, but great thirst—wounds not examined. Ordered neutral mixture every half hour through the night, or so long as the fever continued. Saw him the 2d.—Pulse 72; medicine operated well; skin quite natural; no thirst; intellect good; some subsultus; complains of pain still in the posterior portion of the head—dressings removed; brain still oozing out at the exit, but does not appear at the entrance; the dressings were replaced, and the grain doses of calomel again ordered and pushed to moderate ptialism, with the view if possible to prevent inflammation and promote absorption. 3rd.—Pulse 64; ptialism pretty well established; brain still disposed to ooze out when the dressings are removed, which continued to be the case until after the seventh day, when the exit was pretty well closed and gave us no further trouble—but the entrance took on fungous growth from the integument, which yielded to the solid stick of nit. arg. and dil. nit. acid alternately. After the seventh day he suffered but little, and had a rapid recovery, without his intellect being at all injured. He lost not less than one or one and a half table spoonfuls of brain. I present the case to the profession without comment.—*Nashville Journal of Medicine and Surgery.*

Lord Palmerston and the Removal of Nuisances.—Dr. Waller Lewis has been commissioned by the Secretary of State for the Home Department to inquire into the laws of foreign countries for the regulation of noxious trades and occupations, and to report on the effects of these employments on the health of the artizans.—*London Lancet.*

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No. 23.

REMARKS ON THE INFLUENCE OF FEAR IN PRODUCING FUNCTIONAL DERANGEMENTS.

BY JOHN B. COWAN, M.D.

THE powerful influence exercised by mental emotions on the condition of the human frame has long been recognized. Under their influence the flow of saliva may be checked—that of urine may be increased—tears may be produced in inordinate quantities—diarrhœa, or copious perspiration, may be brought on. But although these facts have been clearly ascertained, it is difficult, if not impossible, to trace the definite connection betwixt the physical organization and the mental manifestations, in virtue of which these effects follow.

The prevalence of a fatal and wide-spread epidemic affords, however, an admirable opportunity of observing the influence of one mental emotion—fear—in producing, or assisting to produce, certain morbid states of the system. Many writers, both on metaphysics and on medicine, have alluded to the symptoms of bodily and mental derangements caused by fear.

Burton, in his *Anatomy of Melancholy*, says, “Many lamentable effects this fear causeth in man, as to be red, pale, tremble, sweat; it makes sudden cold and heat to come over the body, palpitation of the heart, syncope, &c. It causeth oftentimes sudden madness, and almost all manner of diseases.” And again, after narrating the effects of terror which followed the massacre at Lyons in 1572, he adduces the instance of “Themison the physician, who fell into an hydrophobia by seeing one sick of that disease.” In another part of his work he makes the following very apposite observation: “Men, if they see but another man tremble, giddy, or sick of some fearful disease, their apprehension and fear is so strong in this kind, that they will have the same disease;” and quoting from Dr. Cotta, narrates two stories, “the one of a parson’s wife in Northamptonshire, *anno* 1607, that coming to a physician, and told by him that she was troubled with the *sciatica*, as he conjectured (a disease she was free from), the same night after her return, upon his words, fell into a grievous fit of *sciatica*: and such another example he hath of another good wife, that was so troubled with the cramp; after the same manner she came by it, because her physician did but name

it." These, however, are rather instances of the force of imagination acting upon weak minds, than of disease caused by fear.

Dr. Darwin, in his great work on the Laws of Organic Life, treats of the diseases of association, under which he classes those produced by fear. His theories on this, as on other points, deserve attentive consideration, as the results of the studies of an acute observer and original thinker. He accounts for the increased flow of pale urine in hysteric diseases, by supposing that "the motions of the absorbent vessels of the neck of the bladder become inverted by their consent with those of the skin, which are become torpid by their reverse sympathy with the painful ideas of fear." The same effect may follow from anxiety, where there is little fear; as an instance of which, the frequency with which young men about to be examined for a degree pass urine is cited. His theory of *diarrhœa a timore* may be quoted entire:—"The absorbent vessels of the intestines invert their motions by direct consent with the skin; hence many liquid stools, as well as much pale urine, are liable to accompany continued fear, along with coldness of the skin. The immediate cause of this is the decreased sensorial power of association, which intervenes between the actions of the absorbents of the cold skin, and those of the intestinal absorbents; the motions of the latter become on that account weakened, and at length retrograde. The remote cause is the torpor of the vessels of the skin, catenated (in plain English linked) with the pain of fear. The capillaries of the skin consent more generally by direct sympathy with those of the lower intestines and of the bladder; but by reverse sympathy more generally with those of the stomach and upper intestines. As appears in fevers, where the hot skin accompanies indigestion of the stomach; and in diarrhœas attended with cold extremities. The remote cause is the torpor of the skin, owing to its reverse sympathy with the painful sensual motions, or ideas, of fear; which are now actuated with great energy, so as to deprive the second link of associated motions of their due share of sensorial power. It is also probable, that the pain of fear itself may contribute to exhaust the sensorial power, even when it produces no muscular action."

Dr. Holland, in his Medical Notes and Reflections, devotes a chapter to the effects of mental attention on bodily organs. He shows that direct effects follow from consciousness being, by a distinct voluntary effort, directed towards organs or parts of the body. Of the force of this statement every one must be easily convinced. Among other instances, the state and action of the bowels is alluded to as thus influenced. The attention being concentrated on them, sensations previously unnoticed are experienced, and their action excited and quickened. But this, after all, amounts to a species of fear. If not actually commencing, as it is most likely to do, from apprehension or dread, caused perhaps by some reference to that part of the system, the consciousness, unless kept concentrated by fear, is not likely to continue long directed towards it; or the consciousness will degenerate into fear. Feuchtersleben, in his work on Medical Psychology, says, "Fear causes especially enuresis, diarrhœa, seminal discharges, erysipelas, and eruptions about the lips; facilitates the reception of contagion and miasma, disturbs crises, and

aggravates every disorder." After enumerating instances of actual organic lesions produced by the evidence of this emotion, and instancing its well-known effect in causing jaundice, he adds, "Here we ought to go further, and pass on to the psychical causes which act on the nervous principle; but the quality of these by no means explains their mode or action. Fear and horror act, moreover, variously, either exciting or paralysing, according to the greatness of the danger, and according to the individuality of the persons affected by them."

There cannot be the slightest doubt that the presence of Asiatic cholera causes in a community, and in individuals, a dread and a terror which is not exhibited in anything like the same extent during the prevalence of other epidemics scarcely less fatal. The reasons why cholera should excite such powerful emotions are sufficiently obvious. As yet it may be regarded, in this country at least, as a disease of comparatively modern origin. Its exciting causes appear as inscrutable, as its removal seems beyond the reach of sanitary measures, or the best applied efforts of medical art. Its very suddenness is appalling, so that we have all the elements to keep alive and foster fear. Fear seems to produce, during an epidemic of cholera, no well-marked effects upon those who are under its influence. The one of these, as might be anticipated, is a species of hysteria, so characteristic that it might be designated by the terms *choleraic hysteria*; the other is actual diarrhœa or vomiting.

The hysterical symptoms are most frequently met with in females, but the writer has seen one case in the male which appears to him interesting. On the 26th of December last year, shortly after cholera made its appearance in Glasgow, he was called late at night to see a young man of moderately robust make, and whose employment was that of a groom. His habits were remarkably temperate, and in every respect he was a steady and good servant. He was found walking up and down his room in a very excited state, occasionally applying his hands to the abdomen, and seemingly disposed to vomit. On inquiry, it was ascertained that he had no symptoms of diarrhœa or vomiting, but he declared that he felt, that if he lay down in bed he would immediately purge and be sick. Persuasion was utterly useless, and so was abuse or ridicule. His master lent assistance to strip him by force; he was compelled to lie in bed, and a strong opiate was administered, under the effects of which he was soon in a profound sleep. He awoke quite well on the following morning, but still laboring under mental agitation, and declared that he had felt convinced the previous night he was dying of cholera. This man seems afterwards to have quite overcome his fear as regards cholera, having watched for a considerable time by the death-bed of a fellow-servant who had been attacked by that disease.

The following instance was related to me by a medical friend:—

One evening lately I visited two young ladies, between 20 and 30 years of age, in whose house a relative had died of cholera the previous week. Since then they had been affected with the most overpowering fear of the disease. They would not eat for fear of inducing vomiting, and felt persuaded that they were both about to take cholera. They felt sick, and had an uneasy sensation over the epigastrium; and

though neither of them had previously had any hysterical or nervous affections, they now frequently fainted, felt alternately cold and hot, and had occasional shiverings. They refused to lie down for fear they should become sick, and scarcely slept at all at night. They had taken no nourishment for four days, except little bits of biscuit, and a mouthful of cold water with some aromatic substance in it, and they could hardly be persuaded to swallow a little wine and water. They had not vomited at all, and they had resisted the inclination, and succeeded in preventing any passage from their bowels for six days, under the delusion that it was the safest way to prevent diarrhœa. They were constantly moving about to assure themselves that they were still unattacked, and as night drew on they felt perfectly miserable at the thought of requiring to retire to bed. Altogether, I never witnessed such a lamentable example of the effects of fear. I persuaded them to take some tea and toast, a little negus on going to bed, and ordered a laxative pill to both, assuring them that the nourishment would strengthen them, and that they might expect to be better in the morning. They slept pretty well, and in the morning felt more composed, principally I presume from the assurance I had given them that they would be better. The pills operated mildly, and had the effect of relieving some of the uneasy sensations. They still disliked the idea of taking solid food, but gave in when I insisted on their doing so, as well as taking some wine several times. Having once overcome the fear of taking food, they soon regained their strength.

Dr. Steven has detailed to me a most interesting case—that of a man whose dread of thunder was such, that during a thunder-storm he had invariably an attack of diarrhœa. During the epidemic of cholera in 1849, this person resided in Hamilton, and when the disease appeared in that town he kept himself closely secluded in his house, never venturing out. Towards the close of the epidemic, on a day during which he had heard there had been no fresh case of cholera, he went out, and Dr. S. had some conversation with him. He was attacked by cholera, and died on the following morning; and his was the last fatal case but one which occurred. It seems apparent that this man felt himself secure so long as he lived secluded, and probably it was to that feeling of security being destroyed, and agitation perhaps induced by conversing on what to him was an all-absorbing topic, that the seizure was in some degree to be attributed. Similar examples might be multiplied, but those narrated are sufficient to indicate the character of a class of cases, which all medical men will recognize as having been of frequent occurrence during the last few months.

To such an extent has this fear of cholera existed, that it has led to the commission, or omission, of acts discreditable in the highest degree to those concerned. We learn from the public press, that one unfortunate man was left to die on a public quay; and this is by no means a singular case of desertion of duty. Husbands have been known to desert their wives, parents their children, and children their parents; while the relatives of those who die of the complaint, hasten to bury them within a few hours of their decease. No wonder that the disease should spread in every locality, while such a panic continues to prevail.

A fear of the existence of the disease has often been produced by the too indiscriminate employment of opium and other astringent medicines. A loose evacuation called for brandy and laudanum. These were taken, the stomach became deranged, vomiting perhaps occurred, and even cramps, real or imaginary. The medical practitioner was hurriedly summoned to a case of cholera, and from the excitement and vague statements of the patient and attendants, would find it extremely difficult to discover the real state of matters. Or, again, a person has been constipated for some days, takes before retiring to rest some laxative medicines, which, beginning to operate, causes alarm. Opium is resorted to, and the antagonistic action set up, soon produces general disorder of the system, increased by mental perturbation not easily allayed.

Although, however, fear undoubtedly produces such derangements as those briefly touched upon, as well as others to which no allusion has been made, it is obviously impossible to trace either its direct influence, or to assign to it its due share in causing these effects. But believing, as all practitioners must do, that the violence of this mental emotion predisposes to, if it does not actually directly produce cholera, it is a point, we apprehend, well worthy of consideration, whether no means exist by which it can to some extent be controlled. Every effort should undoubtedly be tried to put an end to cholera being made a constant theme of conversation during its prevalence, and to discourage the practice which has become so common, and is fraught with injury and danger, of making the public press the vehicle for discussing its various phases and modes of treatment. Any one who has glanced at the "*Times*" newspaper for many months past, must have been struck with the innumerable infallible modes of curing cholera, which have been promulgated through its columns, equally unworthy of regard, whether emanating from "*Eastern Travellers*" or "*Hospital Physicians*." The last and most notable instance of this, was the publicity given to a plan of treatment, by no means new, which it was stated had been adopted with success in some dozen cases, and which received the approving fiat of the great organ of public opinion.

But while some slight degree of good may result from attempting to check the tendency of the public mind to dwell upon such an alarming subject, the true source of all this pusillanimous dread lies much deeper, and cannot we fear be reached. It is the result of an educational system conducted upon erroneous principles, and the errors and defects of which, more especially as regards the female sex, have frequently been pointed out, and by none more forcibly than by Barlow, who has in a very striking manner shown the fruits of misdirected early training in producing insanity. To the same identical causes, the want of self-control, of moral courage, and, in the case of females of the higher classes, of interesting occupation and active exercise of the mental powers, may be traced the existence and frequency of a fear during epidemics, which is demoralizing in its effect upon a community, and is actually fraught with danger, not only to those who indulge in or foster it, but to the public at large, by its undoubted tendency to increase the prevalence and fatality of the epidemic. It is earnestly to be hoped that any future out-

break of cholera may be distinguished by the entire absence of such cases as those shortly related, and may not be aggravated by the violence of such a depressing mental emotion as fear.—*Glasgow Medical Journal*.

THE USE AND ABUSE OF CHLOROFORM.

WHEN a man takes away his life, in ninety-nine cases out of a hundred he is incapable of acting otherwise; when a soldier falls in the ranks, fighting against the enemies of his country, he dies in the performance of his duty; when a patient sinks in the hands of the surgeon, his death is the result of an earnest effort to prolong life. Such events are inevitable; there is no individual responsibility, and there is no blame. This cannot be said when life is destroyed by carelessness, or by a want of prudence in appreciating and avoiding danger. Week after week deaths by chloroform are recorded, until at length these events have become so common that they scarcely attract attention. This cannot and must not be. Had a tenth part of the catastrophes thus caused in the surgeon's hands resulted from the use of aconite or opium, these valuable drugs would have been excluded from the pharmacopœia. What, then, is to be done with chloroform? Is its use to be altogether prohibited, or can it be persevered in under the precautions which direct the administration of other powerful agents? We are accustomed to administer in medicinal doses the most deadly poisons, and to see them produce the most beneficial effects. Aconite, arsenic and prussic acid, become, with many other equally destructive agents, most valuable remedies, never, with ordinary precautions, proving dangerous. Is it not possible to use chloroform in the like manner? There seems no reason why it should not be so.

In the first place, the indiscriminate administration of this agent must be given up. There is no doubt that the novelty of the practice, the remarkable effects produced, and the freedom from risk, too unhesitatingly asserted, have led to very grave abuses. Had it been otherwise, had chloroform never been inhaled, save when its use was necessary, lives would not have been sacrificed to the removal of a tooth, a toenail, or a little finger, in tapping a hydrocele, or touching a sore with caustic. In the first instance, then, chloroform must not be administered almost *ad libitum*, as has hitherto been done. Its use must be reserved for those cases in which the intensity or duration of the pain in an operation constitute serious complications, or where insensibility is essential for the success of the surgeon's proceedings. To this the practice must come at last. The sooner it does so, the less will be the expenditure of life.

In the second place, due care must be used in the mode of administering the drug. An atmosphere of chloroform will asphyxiate, by excluding respirable air, as effectually as would carbonic acid or a ligature round the throat. No one should attempt to take upon himself the delicate operation of thus manipulating, if we may so speak, the vital air

breathed by a human being, without acquiring, under proper tuition, that skill which would render him fully competent for this duty.

Lastly, there are cases in which chloroform should not be given, even under pressing necessity, or by the most judicious hands. There are cases in which it is impossible to say how small a dose will destroy life. How fearful has been, in several instances, the position of the surgeon, who, using every apparently necessary precaution whilst performing some comparatively safe operation, confident in the hope of witnessing the success of his proceedings, and rejoicing, too, that his good work was being done without pain to his patient, when he suddenly receives the overwhelming announcement that the pulse is quivering, that it has ceased, that life is extinct! We have witnessed such cases—we never wish to see them more. But to return. We have said that a dose of chloroform, fatal in one case, will be borne with impunity in others. What constitutes the difference? It would seem that those diseases of the lungs and heart which interfere with respiration are those which render the subjects of them more particularly prone to the dangers of chloroform. In some of these diseases—for example, emphysema, bronchitis, valvular diseases of the heart seriously interfering with the circulation—no one would for a moment think of incurring the risk of producing insensibility by chloroform. These are palpable conditions not difficult to discover. The danger has been prominent in such cases; hence death has not often followed the use of chloroform in any of these diseases. There is, however, one less manifest disease of the heart, from which death has far more frequently occurred in subjects under the influence of chloroform than from any other. This is fatty degeneration of the muscular walls of the organ. Here death seems to be caused by a directly paralyzing influence of the drug on the already feeble and flagging fibre. In the vast majority of “fatal chloroform cases,” this condition, unexpected or unsought for during life, has been, after death, discovered. It has then, too late, solved the mysterious event, and afforded a *quasi* relief to the conscience of the operator. Questions of truly vital importance hence arise. Can we distinguish in the living subject this state of heart? or, failing to do so, are we liable, in administering chloroform when necessary, and under all reasonable precautions, to meet with unexpected and fatal accidents? The whole subject of fatty degeneration is a new one. Our knowledge of its nature dates back not more than four or five years; our acquaintance with its effects, therefore, must be limited; the greater opportunity, however, exists for close and complete investigation. For we cannot, under all circumstances, help believing that if the ruddy, vigorous, muscular walls of that all-important organ, the centre of the circulation, are converted into a pallid, flabby, fatty tissue, its functions will be found seriously interfered with. There cannot but be evidence in such cases of a faltering circulation. The latest and best researches on the subject show that it is so. We cannot here enter fully on these conditions; they may be traced in the flabby composition, and the feeble flagging energies of the individual, in the shortened breathing, and the general want of power in the circulating system. We may expect to find such features in those whose

vigor has yielded beneath the influence of want or chronic disease, in the aged, or the young grown prematurely old by over-application or constitutional decay, and in the dissipated, whose physical constitution is as degraded as their moral attributes. In all such cases, the paralyzing influence of this agent on a fatty, feeble heart may be feared, and its use should be avoided. With the precautions we have insisted on, the administration of chloroform will prove a blessing ; without them, its abuse threatens to be a curse.—*London Lancet.*

A CASE OF QUADRUPLE BIRTH.

BY S. KENNERLY, M.D., AUGUSTA COUNTY, VIRGINIA.

On the night of the 5th of August, I was called to see Mrs. W., supposed to be in labor. On my arrival I was informed by my friend, Dr. A. Waddell, who had also been called in, that he had just delivered the head of a child, which had been expelled feet foremost, the head being retained. He was told that it had been in that position for two hours. Upon examination, we found that there was a second child inclosed in its membranes ; and as there had been no recurrence of pain since the partial expulsion of the first child, and the mouth of the womb being entirely relaxed, we concluded that the safest plan would be to administer ergot, and complete the delivery. We accordingly gave her $\mathfrak{zj}$. of liquor ergotina, prepared by Purcell, Ladd & Co., which quickened and increased her pain ; and in three quarters of an hour the second child was expelled, followed by a subsidence of pain. On examination, we found a third child presenting, breech foremost, with no membranes around it. After waiting half an hour, and no pain recurring, we brought down the feet, and repeated the liquor ergotina in the dose of $\mathfrak{zss}$., and in half an hour the third child was expelled. On examination, we found a fourth child presenting, head foremost, which was expelled in about twenty minutes, inclosed in its proper membranes. There were two distinct placētas, and they soon followed the birth of the fourth child. One was very large, and divided into three distinct lobes, each lobe having its respective cord attached to its centre. The smaller placenta was a little larger than either lobe of the larger placenta. The children, three boys and a girl, were all born alive, but neither lived over fifteen minutes. I suppose they were not viable, for they were evidently born too soon, though they were perfect in every respect, so far as I could judge. The finger and toe-nails were perfect. They weighed nearly eight pounds next morning, and measured sixteen inches in length. Mrs. W. did not expect to be confined until the latter part of October next, and thinks she quickened about the middle of June. So the children must have been under seven months. She did not suffer as much as in either of two former labors of single births, and is doing remarkably well. What seems a little singular is, that there should have been a total suspension of uterine contractions for two hours after expulsion of the first child, even while its head remained in the vulva, and the second child protruding from the womb into the vagina.

I think that the second and third children were inclosed in the same membranes, though their cords were each attached to its respective lobe of the larger placenta. There was but little hemorrhage, and the womb contracted well after the expulsion of the placentas.

Since the occurrence of the above case, I have attended three other women in confinement, two of whom had twins; neither of which cases possessed any particular interest.—*The Stethoscope.*

OBSTRUCTION AND PERFORATION OF THE BOWELS.

[Communicated for the Boston Medical and Surgical Journal.]

As "when sorrows come, they come not single spies, but in battalions;" so when the young physician's ill luck comes, it comes not singly, but in groups. Very recently, it was my fortune to report the fatal termination of a case of parturition, complicated with a sanguineous tumor of the labia. I have now to report another fatal case, to me quite as novel and interesting.

Thursday evening, Nov. 9, I was called to see Joseph Legg, æt. 10, of slender constitution. He had been sick three days, but had had no medical treatment. Upon examination, I found a hard tumor, three by four inches in extent, in the right iliac region, near the ileo-cæcal union. This was quite tender to the touch. No tenderness of the bowels except in this region. Bowels regular, tongue slightly coated, pulse 110. On close examination I could detect no difficulty except at the point above referred to. Gave sub. mur. hyd., grs. v.; ol. ric., ʒ ss.

Friday, Nov. 10th, I found the cathartic had acted, producing a copious watery evacuation, with but little fæcal matter. The tumor still existed and was somewhat painful. Ol. ricini was again given, and pulv. Dov. to relieve the pain.

Saturday, 11th.—I found the oil had produced free fæcal evacuations, but no diminution in the size of the tumor. Laxatives and anodynes were ordered.

Sunday my patient was more comfortable. Bowels open, tongue cleaning, pulse less than 100, and the tumor less tender and painful. Laxatives and anodynes were continued in diminished doses.

Sunday evening I was called in haste to see the boy. Found him greatly prostrated; extremities cold; cold perspiration on face; respiration hurried; pulse 120, and almost imperceptible; delirious; constantly spitting up a frothy substance, with clots of blood; deglutition very difficult; abdomen somewhat swollen and tender, especially over the tumor, and everything indicating a speedy dissolution. Was told that he had, an hour previously, vomited a large amount—a pint at least—of black bloody matter, of a fæcal odor and appearance. Perforation was suspected; and as death was hourly looked for, but little save palliatives was given.

To my surprise I found that my patient was living on Monday, and that he had rallied a little from the prostration of the previous evening. Symptoms of general peritoneal inflammation began to appear. Gave

pulv. ip. comp. and sub. mur. hyd. in small doses. Injections occasionally, and oil when it could be retained.

Tuesday, Nov. 14th.—Met Dr. Smith, of Chepachet (at whose suggestion I report the case). Found the patient more comfortable. Had rallied from the prostration of Sunday night. General peritoneal inflammation of a severe type, however, was present. Emp. vesicans was applied over the region of the tumor; the anodyne and alterative continued; enemata frequently used, and castor oil given when it could be retained by the stomach. As these (the enemata and oil) afforded no relief, but rather aggravated the symptoms, they were omitted and the patient confined to opiates, alteratives and counter-irritants.

He remained much the same till Wednesday, Nov. 22d. During these eight days, the bowels were very much swollen, the whole abdomen exceedingly tender, the right lumbar, right iliac, hypogastric and left iliac regions being dull, the left iliac and umbilical resonant. Nausea and retching were constant; blood and stercoraceous matter occasionally vomited. He had no evacuation of the bowels from Sunday, Nov. 12th, till Wednesday, Nov. 22d. On the latter day he had a defecation, and another in the night, which greatly relieved him. Laxatives and anodynes in amount sufficient to keep the bowels open and control the pain, were now given, under the use of which he seemed to improve for five days. Swelling of the bowels mostly passed off, but the tumor in right iliac region remained, and was the seat of the most intense pain just before and during defecation. His stools now became more frequent and dark colored, very fetid, and mixed with blood and pus, always preceded and attended by the most excruciating pain in the right iliac and hypogastric regions. They continued to grow more and more frequent, more purulent and fetid, and his strength gradually to fail, till December 12th, when he died. *The tumor in the right iliac region had entirely disappeared before death.*

I have purposely omitted further particulars in the history of the symptoms and treatment, as they would unduly prolong these notes without adding to the interest of the case, since my chief object is to report the appearances revealed by a post-mortem examination.

Autopsy—eight hours after death. Present, Drs. Smith of Chepachet, and Wever of Pascoag, with several residents of the place. Nothing peculiar in external appearance. Abdomen only examined. On opening the cavity, found evidences of general peritoneal inflammation. Strong adhesions and small purulent deposits throughout the whole cavity. Adhesions of the intestines so firm as to require the scalpel to separate them. Firm adhesions between the bowels and abdominal walls commenced two inches above the crest of the ileum, extending to the median line, down to the brim of the pelvis, across the hypogastric region, and involved a part of the left iliac. On dissecting up the abdominal parietes, six inches of the ileum, the cæcum, lower half of the ascending colon, and sigmoid flexure, seemed to form a single inseparable mass, confined by continuous adventitious bands and membrane. In dissecting near the ileo-cæcal communication, to separate the mass; a cavity was cut into containing a small amount of pus and

faecal matter. In exploring this, it was found to communicate with other smaller ones, extending over the right iliac and hypogastric regions, also that it made its way above into the ileum, two inches from the ileo-cæcal valve, and extended down into the cavity of the pelvis, where it perforated the coats of the rectum, through which its contents had been discharged. Through this cavity a direct communication existed between the ileum and rectum. There was complete occlusion of the ileo-cæcal communication, and the cœcum was so collapsed and contracted that it had no appearance of ever having been a cœcum. Aside from this locality, the abdominal viscera presented no appearances not usually met with in ordinary cases of peritoneal inflammation.

Pascoag, R. I., Dec. 22, 1854.

S. O. GRIFFIN, M.D.

AN EXTRACT FROM HEISTER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As a relic of the medical literature of a century ago, perhaps the following extract from the Introduction to “Heister’s Institutions of Surgery,” printed in London in 1753, may not be uninteresting to your readers. Medical students, of the present day, seldom read the older authors. Yet these are not wholly unworthy their attention. For, with much that is useless, they contain a vast deal that is truly valuable. To preserve from threatened oblivion the better portions of the writings of the fathers in medicine, is a worthy deed.

Bristol, Ct., Dec. 15, 1854. A. M. HOOKER.

EXTRACT.

Having already described the principal Instruments as well as Medicines, with which a Surgeon must of necessity be provided, it remains to examine into the qualifications that he ought to be master of, to render him useful in his Profession. The Agility of Body, and Resolution of Mind that are necessary to a surgeon, are elegantly described by *Celsus*: “A surgeon [says he] ought to be in his full vigour, to have a strong, steady Hand, never given to tremble, and to be as ready with his Left Hand as his Right, to have a quick, clear Sight, an intrepid Mind, void of all Tenderness, so as not to be at all moved by the Outcries of his Patient; to use no more Haste than the Case requires, nor to cut less than is necessary; but he should act in all respects as if he was entirely unaffected by his Patient’s Complaints.” But at the same time, I would have him behave with such Caution as to be guilty of no Act of Rashness or Cruelty, and very carefully avoid giving unnecessary Pain.

The two Qualifications that I have just recited, are by no means sufficient of themselves to render the Surgeon perfect; but there are others also which *Celsus* has passed over, which are highly useful and necessary. No one will excel in Surgery unless he is first furnished with a good natural Genius, to which he must join a well-grounded Knowledge in Anatomy and Medicine; if he is furnished with these Gifts,

he will not only with great Sagacity judge of the Causes and Circumstances of the Disorders upon which he is consulted, but will with great readiness make use of the best methods, both with regard to the Administration of Medicines, and Application of proper Instruments for their Relief; whilst, on the contrary, those who are not masters of these Qualifications, will daily be guilty of capital errors.

Being possessed of these Foundations for Surgery, a proper Attendance upon the Lectures of Professors, and a due Diligence in reading Chirurgical Authors, should be added. Therefore persons desirous of a thorough knowledge in Surgery, are not satisfied with visiting Cases that may accidentally occur to them in their private Practice, but diligently frequent all the Hospitals they can get Admittance to; and by this means they see more in one year, than they could otherwise do perhaps in the whole Course of their Lives. But in order to make the greater Proficiency in these Schools of Surgery, it will be worth while to distinguish the different kinds of Disorders that fall under your Inspection, after what method and with what success they are treated by Masters of the greatest experience. Being prepared by repeated observations of this kind, assisted by the Advice of Masters, you may at length try your Hand, at first upon dead Bodies, and afterwards, when you have opportunity, upon diseased Persons; for this trite saying will always have its Force: *The Artist is not made by Reading, Meditating or Disputing, but by Practice.*

Lastly, that the Surgeon may not appear disagreeable or terrible to his Patients, especially if they are Persons of Distinction or Quality, he should diligently avoid the appearance of roughness in his Behaviour, or nastiness in his Dress; for good-breeding and Cleanliness have their proper Effect in all parts of life; but the Surgeon gains a particular confidence with his Patients by his Address, which has no small share in the Success of his Endeavours.—*Heister's Surgery, 5th Ed., pp. 12-13.*

THE REMEDIAL INFLUENCE OF FAITH.

BY W. A. ALCOTT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN a late communication on Epilepsy, I alluded to the remedial "influence of faith." A subject of so much importance demands more than a mere passing allusion, and I propose in the present article to give you a fact which illustrates its force and fully justifies the application which, in my former article, I made of the declaration of eighteen hundred years ago—"According to your faith be it unto you."

Let me premise, however, that while I am willing and hold myself ready to give you names and places, yet for reasons which it is not hard to divine, I prefer to withhold them from the public. I will, however, say that what I relate took place in the Commonwealth of Massachusetts.

Some six or eight years since, I became acquainted with a Methodist

clergyman, whose standing and veracity will not be questioned, who gave me the following anecdote, involving what I have called a fact, and what I believe, most fully, to be so.

A young woman, said he, of feeble health—confined, even, to her bed—came into the belief, somehow, that if I were to pray with her she should recover. It was ascribing an efficacy to prayer, he added, and especially to *my* poor prayers, that I could not think of without misgivings; and yet what could I do? I was hardly willing to throw cold water on a flame which perchance the divine hand had enkindled.

It is sufficient, perhaps, to say that Mr. ——— concluded, at length, to make an *experiment* on the young woman. We may be puzzled to know how he got along—for he was a good man—with his conscience. But he got along with it in some way. He did not, it is true, go at once, and pray with her; but gave her encouragement to believe he *would* do so soon. Meanwhile, he visited her to prepare her mind, as he said, for the exercise. In short, he contrived every possible way to prolong the period of expectation and preparation as much as he could without awaking her impatience.

But the hour at length arrived. There was, even then, a good deal of parade and form; as if to give the mind more time to look at the subject, and the heart more time to fasten its faith on the great Prayer-hearer and Prayer-answerer. When the prayer could be delayed no longer, he knelt solemnly by her bed-side, and prayed most fervently and earnestly for her recovery.

From this hour forth, she began to recover. In as little time as could have been expected had there been a miraculous tendency to convalescence given, she recovered. And both she and her friends to this day—so said Mr. ———, the minister—believed she owed her recovery, under God, to the prayer. Perhaps I should say that she said she was much better as soon as the prayer was over.

Now I suppose, Messrs. Editors—and so will your intelligent readers—that the expectation, or at least the hope, of living, had something to do in this matter. So that when I speak of the efficacy of faith in the case, I wish to be understood in such a sense as not to exclude those other and not less efficient agencies.

I wish to present, now, a question for consideration. Suppose another case of chronic disease like the foregoing had existed in the same neighborhood. Pathologically speaking, I know such a thing would be impossible, since no two cases could be, in every particular, alike. In common parlance, however, the language of the supposition is not improper. Suppose such a case. The friends and patient conclude to call a physician, and follow his prescription. They do so, in full faith and confident expectation. He prescribes according to the usual routine of practice. We are also required to suppose that the treatment, in the two cases, is simultaneous. The patient recovers in just about the same time with the former patient.

The question I wish to put, now, is, whether in the latter case, it is the faith that restores, as in the former case—faith I mean in the physician and his remedies?—or the faith and the other remedies united?

—or the remedial agents alone, despite of the faith?—or, finally, the faith in spite of the remedies?

You have among your readers many observing, discerning men. It may aid the great cause of human good to have some one among the number give us the result of his reflections on this great subject—a subject somewhat more pregnant of human weal or woe than the cure by nutrition or any of the systems of the day which so much occupy and engross the brains of system mongers and their adherents.

CRETINISM AND IDIOTISM.

[Dr. John T. Banks, of Kent, Eng., communicates to the *London Lancet* the following particulars respecting an institution which has often been alluded to in this Journal, but the continued success of which physicians in all parts of the world will not tire of being informed of.]

On a recent tour through Switzerland I was induced to visit the Hospice of the Abendberg. Many motives prompted me to do so, especially the desire to see a little patient (the child of a lady residing in England) now staying there, and also to judge for myself of the advantages and benefits arising from this institution.

Most of the readers of the *Lancet* are perhaps aware that the hospital on the Abendberg was opened in 1840 by a benevolent physician, Dr. Guggenbühl, for the reception of patients afflicted with cretinism—a numerous class of human beings hitherto too much neglected, and suffered to live and die like the lower animals. In Switzerland alone there are, I believe, 20,000 persons afflicted, to a greater or less extent, with this fearful malady—a malady presenting the greatest mental imbecility, combined frequently with the greatest bodily degeneracy—a melancholy spectacle, the description of which is painful, the sight dreadful.

The fact that goitre and that cretinism in men and also in animals, occur in the lower confined grounds, and in narrow, damp valleys, where the circulation of air is interrupted, and that at 3000 feet above the sea these diseases in Switzerland are seldom found, led Dr. Guggenbühl to build his hospital on the Abendberg 3500 feet above the sea level. A more favorable and beautiful spot could scarcely be selected amidst the chain of the Bernese Alps. It is well exposed to the sun, on the southern slope of the mountain, and to the dry, pure, bracing air, but sheltered from severe cold winds. The views from it are exceedingly grand.

Dr. Guggenbühl appeared to take great pleasure in showing us over his establishment, and in explaining his system. He presented to our examination many of the pitiable objects whom his unwearied exertions are striving to raise from helpless idiotism to mental intelligence.

As Dr. Guggenbühl considers cretinism as the consequence of an enfeebled physical condition—in other words, the effect of an abnormal or diseased state of the bodily organs—his treatment consists in improving the general strength, thereby developing and strengthening the different organs of the system, and thus bringing all the functions of the body into a healthier state, amongst the rest that of the brain, and so to rouse

the mental faculties into more vigorous action to admit of moral training and judicious instruction.

In addition to the natural advantages of an elevated situation, where the mountain air, peculiarly beneficial from its strong electric properties, can be freely breathed (remote from the noxious influences of the lower grounds and valleys), physical, medical and moral treatment are assiduously observed.

Gymnastic exercises in the open air, the cultivation of little gardens, and the occasional use of baths, electricity and frictions, are carefully attended to.

The medical treatment of course varies according to the indications of the disease. In some the skin is much affected; in others the glandular system; in others the nervous. Many are rickety, and I saw two or three children with their bones so soft that their limbs could be easily bent. Many are atrophied, and numbers hydrocephalic.

From the conversation I had with Dr. Guggenbühl, I entertain no doubt that the remedies best calculated to correct disordered, and to promote healthy actions of the system are well selected, and judiciously prescribed.

Great attention is paid to regulate the propensities, to improve the manners and habits, and to awaken the affections of these unfortunate beings, and, from the reports, we have reason to believe with much success; and that not only in numerous instances has the infirm and torpid frame been strengthened, but intelligence kindled in the once dormant mind of the degraded cretin. In this generous effort "to restore to its higher condition the ruined tenement of the idiot's frame,"—enabling him to join in the amenities of social life,—the persevering and self-denying founder of the Hospice on the Abendberg devotes his life and property.

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New York Asylum for Idiots.—With all the vast concerns with which the Empire State is connected, she invariably keeps in advance of all other states in the confederacy in providing for the unfortunate. The immense lunatic hospital, and other institutions scattered through the inland cities, independent of those most amply endowed and otherwise provided for in the city of New York, are evidences of what the State has done in this respect. In saying, however, that these great doings show an advanced civilization, it is by no means to be understood that neighboring states and communities have been wholly idle. Their fewer benevolent organizations for the poor, the halt and blind, is partly owing to a want of means; and besides, in a smaller population, such are not required. Idiots have been worse treated, by past generations, than almost any other class of unfortunate human beings. It being supposed that their circumstances could not be ameliorated, because they had defective brains, nothing was attempted

for them until within a comparatively recent period. Dr. Guggenbuhl's establishment, at Abendberg, near Interlaken in Switzerland, which is described by a recent visiter, on another page of to-day's Journal, was successful to an extent that quite astonished Europe. We visited that school, which is situated on the top of a mighty mountain, three thousand feet above the sea, and witnessed results that were marvellous. This success in Switzerland opened the eyes of philanthropists. Asylums at once began to multiply both in Europe and the United States. The one lately organized at Syracuse, N. Y., is superior to the original, and in its equipments and accommodations cannot be excelled. An account of the proceedings in laying the corner stone, with a list of officers, &c., together with a fine lithographic plate of the edifice, has just been received, and is well worth preserving. Massachusetts, by legislative action, admits that poor idiots have a direct and undeniable claim on the Commonwealth, and pays over certain monies, accordingly, for their benefit once a year. But a beautiful home must be provided, with fine lawns, cultivated gardens, comfortable apartments, and the best of superintendence. Mention was made in the Journal, not long ago, of the number of physicians elected to the present General Court of Massachusetts. Such men know better than others, how to bring about a thing of this kind. It is quite certain that it would be hardly creditable to pass the matter by again. Dr. Howe has labored indefatigably to secure the few privileges that poor idiots enjoy in the old Bay State. If he would make one more effort, he might accomplish his purpose and secure the erection of a structure as good, if not as large, as the one in the city of Syracuse.

Anatomical Plates.—A series, in quarto, with references, and physiological comments, illustrating the structure of the different parts of the human body, by Jones Quain, M.D., and W. J. E. Wilson, the third edition, revised by Dr. Joseph Pancoast, Professor of Surgical Anatomy in Jefferson Medical College, came to hand a few days since from the prolific press of S. S. & W. Wood, 261 Pearl St. New York. Each of the above three names is well known to fame. With a power of turning the labors of others to good account, Dr. Pancoast has given a kind of finishing touch to the pictures of two great masters, as an amateur artist would say. To a splendid collection of plates, beautiful and minute, clearly illustrating, in an eminent degree, the intricate mechanical structure of man, much descriptive matter is added. The plates and the text both being excellent, a book of the kind before us is a treasure indeed. In a recent conversation with a Boston publisher, he spoke of the Messrs. Wood as being active in this line of publication. We rejoice at it, and trust both the trade and profession may lend a patronizing hand. We desire to do justice to the merits of this really beautiful and useful quarto, but may perhaps have failed to impress, on other minds, the good to be had from it.

New Orleans Sanitary Committee.—Such has been the dreadful extent of mortality by yellow fever in New Orleans, from one eventful period to another, that people have begun to doubt, exceedingly, what has been declared abroad, respecting it, viz., that it is one of the most healthful cities in the country. Yet fully believing there were local causes operating to increase the mortality from yellow fever, a sanitary committee was raised to investigate and report upon the facts that might be developed. At the head of this learned body stood our kind friend, Edward H. Barton, M.D.,

a man of comprehensive views, staunch and bold in his explanations, who, with others, equally devoted to the investigation, set themselves laboriously at work. The results of their conjoint efforts are discoverable in a beautiful volume, just received, containing a vast amount of circumstantial evidence, in the form of cases, facts and historical memoranda, nowhere else to be found, at home or abroad. Thus much for a preface; and perhaps hereafter we shall resume the further consideration of the important subject treated of in the book.

Students attending Medical Lectures in Philadelphia.—Philadelphia may justly be termed the medical centre of the United States, so far, at least, as the great number of medical students which annually assemble there, can entitle her to that honor. The catalogues of the present term, in the several schools, exhibit the following totals—University of Pennsylvania, 350—Jefferson College, 500—Pennsylvania College, 120—Philadelphia Medical College, 100—Homœopathic Medical College, 80—Female Medical College, 50. These constitute an aggregate of twelve hundred students. In the language of an eminent Medical Professor, we may well exclaim, "the Lord only knows what will become of them."

Alleged Mail Robbery by a Physician.—Dr. Oliver B. Howe, Post Master at Shelburne, N. H., with his wife, were arrested last week by a U. S. Deputy Marshal, and taken to Concord, charged with purloining money from letters passing through the Post Office. The letters alleged to have been opened, were decoy letters, put into the mail by an agent of the Post Office department for the purpose of detecting the suspected culprits. Dr. H. is about 60 years of age, a practising physician, and is said to be in easy circumstances, and has been regarded as a man of the strictest integrity. He was held to bail in the sum of \$3000. We hope he will be able to prove his innocence.

Applications for appointment as Surgeon at the Hospital.—It is currently reported that the applications for the post made vacant, by the death of Dr. Parkman, in the surgical staff of the Massachusetts General Hospital, are very numerous, and that Young Physic has entered as competitor for the prize. It is true, there is no pay connected with the office, but the advantage in the way of reputation and *practice*, which it gives to an individual, is of itself of the greatest consequence. We presume that three fourths of the surgery practice in this city and state, and we might say in all New England, is done by the Hospital Surgeons; for the people naturally believe that they are better qualified than others, from the fact of their position in a large hospital. There are many who practise surgery for the peculiar fancy they have for operating; while others, who are good anatomists, skilful operators, and possessed of excellent judgment, would like to have a chance to practise it, for the sake of its emoluments. Now in order to have the fair thing done by all who may apply for the situation of surgeon, or even physician, of this or the other Hospitals of our city, we would suggest that the election be based *entirely* upon qualification. No matter whether the applicant be a very young graduate, or a practitioner of many years standing. It is too apt to be the case in this country, that science alone is powerless. For an individual who is backed by money and influential friends, will often obtain that which an unobtrusive, yet really scientific and

deserving one, cannot hope for. Now it is for this, and other reasons, that we hope the trustees of the Hospital will have the good sense to advertise the vacancy, and let it be fairly open for competition. We have no doubt such a course would give general satisfaction.

Twins—Arrest of Development in one Fœtus.—Dr. Cox exhibited at the Ward's Island Hospital, a very interesting preparation to the visiting pupils, illustrating the arrest of development in one fœtus in a case of twins. There was one placenta and two sets of membranes. The woman aborted at eight months; one child had attained the usual size and appearance of development at that age; the other seemed as if this process had been cut short at about five weeks. This phenomenon appeared to, and doubtlessly did, depend upon the tight wrapping of the umbilical cord around the neck, and the pressure exerted upon it by mal-position of the head and trunk. One curious feature in the case was the appearance presented by the half of the placenta to which this undeveloped fœtus was attached; it presented a shrivelled and hardened appearance, similar to that seen in the fœtus, as if both had been macerated in spirit. At first sight this might have been taken for a case of superfœtation, but the existence of a solitary placenta would preclude this idea.

Dr. Cox also exhibited the larynx and trachea of a child a few weeks old, exhibiting the membranous exudation in acute laryngo-tracheitis.—*American Medical Monthly.*

Cutaneous Anæsthesia in Lunatics.—A lunatic received a severe injury of the great toe by the fall of a heavy piece of wood, so that the nail was torn away. Dr. Snell on examining the patient, remarked that he seemed scarcely to feel this injury, ordinarily so very painful. On examining the case more minutely, he found that this lunatic had completely lost cutaneous sensibility. This circumstance led him to examine all the lunatics in his establishment, and he found that out of 180 insane persons (100 males and 80 females), 18 (17 males and 1 female) had complete anæsthesia of the skin; and that in 6 others, who were males, the sensibility to pain was very much decreased.—*Zeitschrift für Psychiatrie, in Monthly Journal of Medical Science.*

Thorough Medical Education.—The New York correspondent of the Richmond (Va.) Stethoscope, writes as follows respecting the importance of a more extended system of medical education than has yet been attempted in this country.

“The schools are too short sighted to see their own true interests and the signs of the times. All these *little* reforms, which have been attempted, and from which some have receded, do not meet the wants of students themselves. There is a sufficient number of young men desirous of acquiring a thorough knowledge of medicine, and willing to make any sacrifice of time and money to acquire it. There is a sufficient number of such students, I am sure, to support at least one school well. Which city shall have the credit of establishing it? Shall it be Boston, New York, Philadelphia or Baltimore? I wish I could add Richmond to this list; but I believe recent events have rendered all expectations of such a character utterly vain. What city of the Union shall have the honor of establishing a medical university, with a sufficiently large corps of professors (a dozen if ne-

cessary) to teach every branch thoroughly, with a course extending through nine or ten months of the year, and requiring four or five years of instruction, including a thorough course of clinical medicine and surgery? Such a school would receive the patronage of a large number of young men honestly desirous of acquiring a thorough medical education before undertaking the serious responsibility of having committed to them the life and health of their fellow beings. It would be sustained by the medical profession of the whole Union, and its diplomas would be eagerly sought for as a passport to the confidence of the community where its graduates might commence their career."

Death of Dr. Golding Bird.—On the evening of Friday, the 27th of October, this excellent and accomplished physician breathed his last. For some months past his failing health had obliged him to relinquish all professional exertion; and in June last he finally left London to seek repose, though not health, at Tunbridge Wells. Although he had long suffered from affection of the heart, the immediate cause of death was connected with kidney disease, and thus he fell a victim to a malady, to the elucidation of which the greater portion of his professional life had been devoted, and in the diagnosis and treatment of which he had been one of the greatest authorities.—*London Lancet.*

Viviparous Fish.—Dr. Bennet Dowler has recently discovered in the vicinity of New Orleans a small osseous fish, which proves to be viviparous, having no less than twenty-two well-formed young in its body at the time of examination. Dr. D., however, yields the priority of description of viviparous fish to Dr. Gibbons, who found them in California.—*Southern Medical and Surgical Journal.*

Medical Miscellany.—There are about 300 students in the medical department of the University of Nashville (Tenn.), instead of 241, as formerly announced.—The Genesee Farmer, published at Rochester, N. Y.—a valuable, scientific agricultural paper—has just commenced its 16th volume.—The whole family of a physician in New York city, together with their invited guests, were recently thrown into the greatest state of excitement at the tea-table in consequence of one after another of them being taken with nausea and vomiting. It appears that the cook, instead of cream of tartar to make bread with, had made use of tartar emetic from the doctor's office.—A physician writes to the editor of the Louisville Courier, that a few days ago a young lady, of Oldham Co., in her ordinary health—perfectly well, the family say—rode two miles to a physician and had a tooth extracted. Almost immediately a paralysis on one side of the body occurred, then stupor, and death followed in a few hours. She had not inhaled chloroform or anything of the kind.

Deaths in Boston for the week ending Saturday noon, Dec. 30th, 60. Males, 28—females, 32. Congestion of the brain, 3—disease of the brain, 1—consumption, 8—convulsions, 2—croup, 2—dysentery, 1—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 3—fever, 1—typhus fever, 4—scarlet fever, 3—hemorrhage, 2—hooping cough, 1—disease of the heart, 2—homicide, 1—intemperance, 1—inflammation of the lungs, 8—marasmus, 2—smallpox, 6—teething, 2—tumor, 1—unknown, 1.

Under 5 years, 32—between 5 and 20 years, 2—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 2. Born in the United States, 39—British Provinces, 2—Ireland, 14—England, 2—Germany, 3.

The Clamp Suture in Cleft Palate.—We recently witnessed an operation for this affection by Dr. J. Marion Sims, of this city, in which he used this peculiar method of suture. The case was a bad one; articulation very indistinct, and deglutition of fluids frequently attended by regurgitation through the nostrils. The clamp suture, composed of very fine silver wire, fastened to small leaden cross-bars, will remain innocuously in the tissues for an almost indefinite period, which constitutes its great superiority over any other suture. In this case the clamps were removed on the sixth day—the cure was perfect.

This is not, by any means, the first case of the sort in which Dr. Sims has applied this suture with success; and it is our opinion that the operation of staphyloraphy, by this method, will never fail, if properly performed.

It is well known that difficult and tedious labor sometimes results in the most deplorable injuries to the mother; such as laceration of the perineum, bladder, or bowel, and that these affections were wholly incurable till the introduction of the clamp suture by Dr. Sims. It is no wonder, then, that the profession, both in Europe and America, unite in according to him the highest praise for this great boon to science and to suffering humanity. And now, since he has demonstrated the easy curability of cleft palate by the same means, we cannot but hail it with delight as another triumph of American Surgery.—*American Med. Monthly.*

G. Meissner on Confervoid Growths under the Nails.—It has long been known that the external skin, like the mucous membranes of the digestive and respiratory passages, may be the seat of vegetable growths analogous to confervæ, or to elementary excrescences. G. Meissner, a student of medicine at Göttingen, has recently described a formation of this sort which occurred below the nails of a man aged 80. The nails of this man were much curved: they were a line in thickness, and were of a yellowish color, here and there approaching to brown. The nail of the forefinger of the right hand was the only one which was normal. When sections of the nails, treated with caustic potash, were placed under the microscope, Meissner observed a rich network of confervoid filaments lying among the cellules of which the substance of the nail was composed. The growth resembled that of *porrigo lupinosa*, or of *pityriasis versicolor*. The filaments measured from $\frac{1}{700}$ to $\frac{1}{500}$ and sometimes only $\frac{1}{1000}$ of a line in breadth. In the midst of these filaments, which articulated and ramified together, composed the mycelium, the author found sporangia, in the form of larger filaments, swollen and club-shaped; and among these sporangia were scattered a multitude of greenish granules which represented the spores. Hence this parasitic growth was in some measure incorporated with the nail, and vegetated in its interior.—*Archiv. für Physiol. Heilkunde*, 1854.

Medical Scepticism.—There is a period of life when most men call in question the powers of physic. This scepticism extends from Napoleon to the merest boor. It occurs when the mind is in its highest vigor; at a period when nothing is acceptable but *facts*; no theories listened to but the geometrical; all things doubted which admit not of direct proof. It is the age when men doubt the liquefaction of the blood of St Januarius, but not the reign of Napoleon Buonaparte. The period I speak of ranges from thirty to fifty.—*Dr. Robert Knox.*

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ON SPASM OF THE STOMACH.

BY WILLIAM JOHNSON, M.D., NEW JERSEY.

DISEASE may go on, even to the disorganization of vital structures, without producing a moiety of suffering, compared with some of the spasmodic affections of the stomach. I allude particularly to cramp of that organ. Human endurance could bear up only for a brief period, under the excruciating torture of this affection. I speak from personal and painful experience on this point, having been myself a frequent sufferer from youth to old age. In its milder attacks, cramp of the stomach is almost insupportable; but in its gravest seizure, I can compare it to nothing but having the stomach screwed up in a vice, to the utmost point of human endurance.

Several causes acting separately, develop cramp of the stomach, viz., The presence of indigestible substances in the stomach; too great repletion of the organ; the translation of gout and rheumatism to it; the too rapid abstraction of caloric from it, in consequence of the ingestion of large draughts of cold drink, whilst the body is overheated; and lastly, the excessive generation of flatus within the stomach.

The foregoing are the most prominent of the remote causes of cramp of the stomach; other causes are enumerated by systematic writers, but they are of such infrequent occurrence, that I will pass them by for the present. Cramp of the stomach ought never to be mistaken for gastritis; there is but one circumstance that can mislead, and that is the excessive tenderness of the organ. In my own case, the slightest pressure over the stomach was painful. But then when we look at the suddenness of the attack, and the rapidity with which the affection attains its climax, and take into consideration the extremely rare occurrence of idiopathic gastritis, we can scarcely commit an error in the diagnosis. So rare, indeed, is idiopathic gastritis, that Dr. Watson, in his very extensive practice, never saw a case of it. I myself have never seen a case of it. The great infrequency of idiopathic gastritis is more fully evidenced by the testimony of Louis, who in six years of his attendance at the Hospital La Charité, out of 6000 cases and 500 dissections, did not find a single case of this disease.

Dependent on such a variety of causes, the treatment of cramp of the stomach must necessarily be variant. Where indigestible substances or

excessive repletion have induced spasm of the stomach, the very obvious indication is the exhibition of an emetic. I have given the preference to ipecacuanha, or to the sulphate of zinc; they both act promptly and efficiently, particularly the last. I have sometimes been astonished at the relief afforded by the exhibition of the white vitriol. Two cases in particular of cramp of the stomach, come up in vivid reminiscence before me. They were both females—the first quite young. Her sufferings were exceedingly great. My inquiries elicited the fact, that in consequence of missing her dinner, her evening meal had been very heavy. I gave her immediately an emetic of the white vitriol—about a scruple, and the quantity of food ejected was so unreasonably large, as to extort from me something more than a smile. The relief was immediate—she needed nothing more. The other case was a woman of about 55 years of age. I heard her screams, before I entered her door-yard. Her pain was excruciating, and extorted the most doleful lamentations. My inquiries soon satisfied me, that her stomach was oppressed by its ingesta. She had been eating freely of mince pie, and had completed her meal with the addition of several apples. The emetic gave her prompt and complete relief.

I have selected these cases from a great number of similar ones. Both these patients might possibly have been relieved by antispasmodics and opiates, but it would have required more time, and a very large exhibition of these articles to have produced the desired effect. The emetic gave immediate relief. I do not say that it is necessary to resort to it in every case, where the patient has been guilty of imprudence in respect either to the quantity or quality of the food taken into his stomach; his sufferings may not be so very great—the substance taken into his stomach not so indigestible, and the quantity not so inordinate, but that moderate stimulation of the organ may be sufficient for the relief of the patient. The point that I would insist upon is, that in very many of these cases, the emetic affords the most prompt relief, and is the only trust-worthy remedy. After the operation of the emetic, a large sinapism over the epigastrium completes the cure. This last remedy, I consider as a *sine qua non* in all the cases which I have noticed, in my enumeration of the causes of cramp of the stomach. It should be large, and I prefer to have it applied as warm as can be borne.

Where cramp of the stomach has been produced by large draughts of cold drink, whilst the body has been overheated, the very obvious indication is to restore the suddenly-abstracted caloric, by large draughts of warm drink—particularly table tea, as being most grateful and less likely to produce nausea. Opium and stimulation should not be neglected, and a large sinapism applied to the epigastrium, but it is in the free exhibition of chloroform that I would confide.

Chloroform in its *internal exhibition*, I consider as *one* of the most important revelations which science has made to suffering humanity; it stands forth pre-eminent for its antispasmodic powers. A considerable experience in its use enables me to speak confidently of its value. It is, however, in cramp of the stomach particularly, that I would call attention to its great value as a remedial agent. In all the remaining forms

of this affection, it is the remedy in which I have the most confidence. In cramp of the stomach from retrocedent gout and rheumatism, whilst I would employ this article, I would also resort to obvious auxiliary remedies, such as inviting the return of the disease to forsaken parts by sinapisms and warmth ; but I pass by their consideration for the present.

I have stated at the commencement of this article, my own liability to spasm of the stomach. My first attack occurred whilst I was a student of medicine. It took place in the night, and not being willing to call up my preceptor, I took two grains of solid opium, which I had a few days before procured from the poppy. It removed the spasm of my stomach. The two next attacks which I had, were in the first year after I commenced practice ; they were both of unusual severity. I took, each time, somewhere about 180 or 200 drops of laudanum, before I obtained relief. The medicine was not *dropped*, but *poured* out into a spoon ; I think, however, that I can safely say it was this quantity. Perhaps this quantity of laudanum was unnecessarily large, but I was distracted with pain, and was prescribing for myself. When I got easy, I was alarmed at the large doses of the anodyne which I had taken. I did not, however, sleep more than four or five hours after ; but although a very young man at the time, I was so completely prostrated from the effects of the pain and the laudanum, as to be confined to my bed the following day. I began to think that opium was not exactly adapted to my case, and I found in the saturated alcoholic tincture of camphor, an article which gave me more prompt relief. Twenty or thirty drops of camphor produced better results than double the quantity of laudanum. Several years passed by before I had another grave attack of cramp of the stomach. The lighter attacks (and they were almost insupportable) yielded readily to the tincture of camphor. Three years since, I had an attack of unusual severity, in which the camphor did not bring its usual relief. I had labored a number of days under diarrhœa, and had taken early in the morning two grains of plumbi acetas, with half a grain of pulverized opium. My stomach was empty when it was seized with spasm. I resorted immediately to the camphor, but my pains increased in violence—they were agonizing. I started to go up stairs to my bed-chamber, but when I arrived at the foot of the stairs I found my strength failing so rapidly, that I was obliged to lay down upon the carpet. I thought myself to be dying. My fingers, applied to my wrist, informed me that the pulse was extinct. I was in a state of approaching syncope, although I possessed perfect consciousness. I requested thirty drops of chloroform to be given me. I did not wait to have it diluted with water, but took it immediately as it was dropped into the spoon. The relief was almost instantaneous. As soon as the chloroform entered my stomach, pain began to abate, and in a few minutes was gone. I still had a large sinapism applied to my stomach. I now had somewhat to regret not having had the chloroform diluted ; it had terribly burned my mouth, but perhaps its efficacy might have been increased by the omission. The duration of this attack was about thirty minutes ; its invasion was sudden and violent, and the pain went on with steady increment to its acme. And now, had not the mercy of God interposed,

such intensity of suffering had in a few minutes more terminated my life. Let me here erect an Ebenezer, and inscribe thereon my grateful acknowledgments to Almighty Goodness.

I had not another visitation of this affection, until a few days since. I again had diarrhoea, and took half a grain of pulverized opium upon going to bed at night. In about an hour, the cramp in my stomach came on. I took thirty drops of camphor, but without relief. The chloroform was now taken, and a sinapism applied—the relief was prompt, but by no means so much so, as from chloroform three years before.

It may have been mere coincidence, but it is certainly a curious circumstance, that immediately before these two last attacks of cramp in the stomach, I had taken each time half a grain of opium for the suppression of diarrhoea—the first time combined with plumbi acetas, and the second time alone. The first time I was somewhat disposed to lay blame to the plumbi acetas, although I had never witnessed such a result from its use; but the second time the opium was used alone. Now did the opium and the spasm stand in the relation of cause and effect? Such a supposition is contrary to all therapeutic teaching. Yet the rapidity with which the cramp followed upon the opium, excites in my mind a suspicion that the opium had somehow an agency in the production of the spasm. I do not wish to speculate much upon this subject, but is it not possible that I may have *acquired* an idiosyncrasy to opium? It is an article which I had not taken for thirty-five years before. We know that there are some curious idiosyncrasies with respect to opium, and although somewhat of a digression, I shall relate one, for the practical lesson which it teaches. About thirty-five years since, I attended a lady with psoas abscess. She was under my care near a year. I opened the abscess with a lancet, and introduced a long waxed tent, which closed up the outlet made for the pus, and which was daily removed for its exit. The tent was used for nine months. She completely recovered. It became frequently necessary, during my attendance, to administer anodynes for the relief of pain. Forty or fifty drops of laudanum would always remove her pain, but it left her restless, nervous, *vigilant*. She needed an anodyne, and ten drops of laudanum did for her, what fifty drops would not do. Ten drops of laudanum relieved her pain, calmed all inquietude, removed her vigilance, and kept her easy for twenty-four hours at a time. She ever afterwards took laudanum in this dose. The fact is worthy of record, and gives some plausibility to the opinion advanced.

I have dwelt so long upon the circumstances of my own case, as to preclude me from introducing any additional cases of cramp of the stomach. Suffice it to state, that the same night in which I had my last attack, my next-door neighbor had a severe attack of the same affection, arising from translation of sciatic rheumatism. The enemy was dislodged from its new location, by chloroform administered by my son.

The doses in which I have administered the chloroform, have not been large. I have found from twenty-five to fifty or sixty drops amply sufficient, and have in no instance given more than eighty drops. In this instance it proved abortive. The patient's eyes were of an icteri-

tious tinge, and he complained of great nausea ; he was of a bilious habit. I now gave him a full dose of ipecacuanha, which operated well and removed completely the pain in his stomach. The spasm of his stomach was severe. This, I believe, was the only instance in which I have been disappointed in the use of chloroform.

In that form of spasm of the stomach in which there is extrication of immense quantities of flatus, in addition to the chloroform I have found the carminatives of great benefit. A strong tea of fennel, anise, coriander, &c., has an excellent effect. In the internal administration of the chloroform, it is important to agitate the vessel in which it has been mixed with water, as it is so heavy that it immediately falls to the bottom of the vessel. If time would admit for a solution of gum Arabic to be prepared, or infusion of slippery elm to be made, they would be the preferable vehicles for the chloroform, as it would be held in suspension by them.

The question may here be asked—Would not the inhalation of chloroform, as being more prompt in its action, be preferable to the administration of the article by the mouth ? I unhesitatingly answer no. I should for my part consider it unsound practice, to administer this most potent of the anæsthesia, and one so little under our control, in this manner to a patient whose great nervous centres had received so severe a shock, as results from cramp of the stomach. In my opinion there would be great danger from the powerful sedation of the chloroform in those cases in which the lamp of life was burning with flickering light.

New Jersey Medical Reporter.

NECROSIS AND EXCISION OF PART OF THE LOWER JAW.

BY R. G. H. BUTCHER, SURGEON TO MERCER'S HOSPITAL, DUBLIN.

At the present time it is not my purpose to dwell upon the causes most frequently operating in the production of necrosis of the jaws ; neither do I intend to search out and follow nature through the intricate ways by which she accomplishes her object, in casting off the deadened bone. In many cases of necrosis the sequestrum is separated, liberated, and a perfect substitute formed, the entire process being accomplished through a continuous chain of events, uninterrupted till perfected. In other instances it is not so : the process is retarded, arrested ; sharp irritation or wasting hectic settles on the sufferer ; the exciting cause *must* be taken away—a joint becomes implicated and opened, rendering it necessary to remove the limb altogether ; or again, life may be threatened from the wounding of a large bloodvessel by the separated shaft of a long bone, or by a detached spicula. Lastly, the sequestrum, started from its bed by the spasmodic action of neighboring muscles, may become a source of so much irritation to surrounding parts, as imperatively to demand its excision ; *this*, as a cause for operative interference, I shall now proceed to illustrate by a remarkable case which recently occurred in hospital practice.

M. C., aged 35 years, was admitted into Mercer's Hospital on the 3d of April, 1854, laboring under a train of the most distressing symptoms. The following history of her case she gave from its commencement, through its progress :—

In December, 1853, her husband, when drunk, struck her a violent blow with his clenched hand on the right cheek and side of the lower jaw; she was prostrated, and remained senseless for some time after; extensive ecchymosis rapidly supervened; high and active inflammation seized upon the part, and considerable swelling, widely implicating the tissues around, soon masked the features. So violent was the shock and severe the primary effect of the injury, that the patient was necessarily confined to bed for several days, during which time very active treatment was resorted to. The most urgent symptoms demanding attention at this time were inordinate swelling, and inability to open the mouth, arising from total paralyzation of the muscles of mastication.

By active local depletion, lowering the system by purgatives, &c., the extension of inflammation was checked, while its destructive consequences upon those parts implicated from the first were not to be averted, and could not be stopped; a dead heavy pain fixed in the jaw-bone corresponding to the stricken part, and this for many weeks, night or day, never ceased. Towards the termination of the ninth week a large abscess formed beneath the angle of the jaw, which was opened, and a quantity of matter discharged; *this*, looked upon by the sufferer as *critical*, afforded no relief—no cessation from the burning pain in the bone—no increased power over the muscles of the locked jaw. Shortly after, nature effected an opening lower down in the neck, through which the fetid discharge flowed in abundance, and by which two or three small pieces of bone escaped; about this time, too, the molar and bicuspid teeth became loose and elevated from their sockets, and shortly after fell out, but without being followed by any amelioration of suffering. Violent, fixed pain settled in the articulation and ramus of the jaw on the affected side; most severe about three weeks before her admission to Hospital. At this time I first saw the patient; upon examination it was evident that necrosis was accomplished from the condyle to the symphysis menti on the right side; the condyle and the neck of the bone were apart from the rest; these were loose, and afforded crepitus upon the slightest motion; nature accomplished the loosening of them, but was too tardy in their removal: intense suffering, loss of rest, alarming emaciation, called for more speedy relief—demanding the interference of the surgeon. By detaching the cheek from the maxilla through the mouth, I was enabled to seize with a forceps the portions of bone alluded to, and effect their extraction; the condyle had separated from the inter-articular cartilage, and also left behind its cartilage of incrustation. At this time I did not think it necessary to remove the remaining portion of the deadened bone; a substitute was being formed, and I did not think it prudent to interrupt a process rapidly being accomplished towards repair, without any pressing or urgent symptoms.

For some time relief was afforded, and all distressing symptoms removed by the extraction of the head and neck of the bone, but unforeseen cir-

cumstances soon called for more decisive and severe operative measures—the removal of the entire deadened part. Shortly after the above date, the patient was hurried to Hospital, on account of the alarming symptoms created by the starting of the sequestrum from its bed posteriorly ; it projected remarkably towards the pharynx, and created violent spasms in the muscles of the region, together with a total incapacity of swallowing softened solids ; and so materially were the functions of the part interfered with, that several short and repeated acts of deglutition were necessary before a spoonful of fluid, or even the saliva, could be got down. By this displacement of parts the function of respiration was likewise materially embarrassed, the number being irregularly accelerated, sometimes prolonged, at others short, ringing, and terminating in spasmodic cough. The alarming train of symptoms just detailed could fairly be ascribed to the pressure exerted upon the pneumogastric nerve and its branches by the displaced sequestrum, therefore the imperative necessity for its removal. Such being my opinion, I endeavored to extract the bone through the mouth, but failed in doing so, owing to the close manner by which it was wedged in by new parts, and surrounded with healthy structures ; it remained firm and immovable. This deadened portion of the bone was very extensive, including the angle and ascending ramus, together with the side of the maxilla, close to the symphysis. Being foiled in the simple way, I was compelled to incise the cheek after the manner requisite for excision of the lower jaw, proceeding as follows:—The head being steadily supported, a perpendicular incision, commencing in the mesial line beneath the red margin of the under lip, was carried downwards beneath the chin ; a second, commencing at the angle of the maxilla, was carried forwards along the lower border of its side, and made to meet the termination of the vertical one ; a ligature was next cast round the facial artery and tied. The flap was then rapidly dissected up, the knife being at once thrust through the mucous membrane, and the cavity of the mouth fully exposed ; the dead bone was then grasped in a strong forceps, and being liberated from the parts around, was wrenched from its bed. Some smart hemorrhage followed, from the violence inflicted on the reparative material thrown out ; however, dossils of lint and dry sponge, aided by pressure, were effectual in its suppression. The flap was next laid down and maintained in its position by two points of the twisted suture in front, and by several of the interrupted, in its longitudinal axis. Immediately after the operation the patient fell into a quiet sleep, which lasted several hours, and when she awoke partook freely of drink and softened food, without any uncomfortable sensation whatever. She made a very rapid recovery, the wounds healing nearly in their entire extent by the first intention. All through the after treatment it was necessary to keep the jaw pressed over towards the affected side, and well supported by means of a gutta percha splint moulded for the purpose ; this effectually counteracted the muscles on the sound side from dragging the bone in that direction ; which they were prone to do ever after the solution of continuity in its structure ; by the adoption of this simple expedient, until

the newly-formed substitute had acquired sufficient density to resist, all deformity was averted, and the symmetry of the face was preserved.

Four months have now elapsed since the operation, yet there has been no attempt at ossific deposition. A fibro-ligamentous structure, dense and firm, occupies the space corresponding to the removed bone: this, too, shaped in close similitude to the part taken away. The patient possesses the power of opening the mouth to the full extent, and closing it perfectly, and so admirably has the mechanical means employed fulfilled the indication of preventing any lateralization of the lower jaw, that the inferior incisors lie evenly beneath the upper, holding their relative relationship each to the other.

It is an interesting point to conjecture how the articulation is circumstanced while permitting the freedom of motion referred to. From a close and attentive conception of the prominent pathological changes, I am of opinion that the original incrustating cartilage of the condyle has been, as it were, engrafted upon its substitute, such an arrangement still further insuring the proper attachment of the external pterygoid muscle, through the intervention of the inter-articular cartilage and perforated capsule.—*Dublin Quarterly Journal of Medical Science.*

CAMPHOR—AN ANTIDOTE TO THE POISON OF STRYCHNIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have been induced to report a couple of cases in which I made some experiments with camphor, as an antidote to the poison of strychnine, by reading a case related by Dr. Pidduck in the *Lancet* of July 24th, 1852. The cases are taken from my note-book, and you are at liberty to publish them. S. H. TEWKSBURY, M.D.

Portland, Me., December, 1854.

During my residence in Oxford County, in this State, in the year 1842, one Mr. I. M., aged 22 years, of a full and muscular habit, and to appearance perfectly healthy, came to me for treatment with paralysis—paraplegia. There had been a total loss of all muscular action of the lower extremities for upwards of six years. I was induced to make use of strychnine as one of the means of cure, and accordingly commenced using the following prescription:—R. Strychnia, grs. jss.; diluted alcohol, ℥ ij. M. Dose, 60 drops every 12 hours. This preparation was continued for one week, without its producing any perceptible effect, when I ordered an increase of thirty drops of the solution. This was taken upon an empty stomach. On making inquiry, I found that he had omitted to shake the vial, as he was requested when previously taking it, and not more than *one third* of the strychnine had been dissolved, as appeared by the sediment in the bottom of the vial. My patient had taken ninety drops out of about four drachms of the remaining solution. What amount of strychnine had been taken, could not at that time be accurately ascertained; but as near as I could calculate, it was not less than three fourths of a grain. The following, however, were

the symptoms and appearance of the young man as he lay upon the bed, when I arrived, about fifteen minutes after the poison had been swallowed. He was in a complete *tetanic convulsion*: head drawn back; the arms extended and rigid, and the body bent backward at a considerable curve; eyes fixed and turned upward, pupils were natural; countenance livid; pulse obscured by the rigidity of the muscles. The heart's action was slow—impulse full, and the first sound prolonged. Respiration apparently extinct, but spasms of the diaphragm very marked. He continued in this rigid and stiffened state after my arrival some four or five minutes, when the contracted muscles began suddenly to relax, with universal muscular twitchings of the body, face and arms. These *spasms*, however, began gradually to diminish in violence, and the intervals became longer, when I succeeded, with a great deal of difficulty, in introducing into his stomach two teaspoonfuls of tinct. camphor. This partial interval, however, lasted only about six or eight minutes—when the opisthotonos and a most frightful distortion of the face and muscular contractions again commenced, following each other in rapid succession. The muscles, however, did not appear to have a continual rigidity as in the former convulsion, and it was confined principally to the muscles of the arms, face and back, the respiratory muscles being comparatively unaffected. This paroxysm proved to be about the last expiring effort of the *poison*—for it was much less in severity, and occupying not half the time of the former one. On his recovering sufficiently to swallow, I again gave another dose of the camphor. In twenty minutes from this time, all the spasmodic action of the muscles had ceased, with the exception of an occasional twitching of a muscle in the face and arms. Consciousness was fully restored, and the patient, after one or two attempts, articulated with distinctness, and remarked that he was free from all pain and distress, but felt exceedingly fatigued and exhausted. From this, however, he recovered with great rapidity, and by the next day was as well as he had been any time previous.

The camphor that was given proved to be the saturated solution. The reason of my using this medicine, was that it was the only article at my command, that I conceived in the least degree appropriate for the case. One other important fact connected with this case is—that notwithstanding the large amount of strychnine that had been taken, and the alarming symptoms produced thereby, with such violent spasmodic contractions of almost all of the muscles of the *body*, yet those of the lower extremities remained entirely unmoved. Being somewhat disappointed in this respect, and believing that my patient had had a pretty good trial of the use of strychnine, its further use was abandoned.

From the favorable termination of this case, I was led to suspect that there might be some antidotal power in camphor, or else *the* strychnine that was taken was an impure article, and that my patient would have recovered if no remedy had been given. Accordingly, for the sake of testing its purity and strength, and to satisfy myself as regards any counteracting influence the camphor might possess, I procured a couple of dogs, of about equal size and age, and gave one of them one grain of strychnine taken from the same bottle from which I took that given to

the young man. I enveloped it in a piece of meat, and it was all swallowed without any waste. He remained as lively as usual for fifteen minutes, when he suddenly fell, convulsed, the whole body stiff and rigid. A partial interval soon followed, with *panting*, twitching and trembling of the muscles. This, however, was of short duration, for he was again seized with a sort of *convulsive quiver* of the whole body, which terminated the existence of the animal in twenty minutes after the poison had been taken.

To the second dog I gave the same quantity of strychnine, and in the same manner. He fell in a convulsion in thirteen minutes, with spasms similar to those of the other dog. I attempted to open the jaws, but they were firmly closed by the violence of the convulsions. I waited for the interval to follow, and introduced a stomach-tube and gave him sixty drops of the saturated tinct. camphor. In ten minutes he recovered, so far as to stand up, but it was for only a short time; he staggered and again fell, trembling—but there was no rigidity about the muscles in any part in this convulsion. In a few moments he got up again and walked about with some difficulty, as the spasmodic action seemed to continue longer in the muscles of the legs than elsewhere. He had no return of a general *convulsion*, but for an hour at times appeared bewildered, with an occasional twitching of a *muscle*; but in two hours from the time he took the poison, he appeared as well as ever, and took food.

Two days from this time I gave the same dog two grains of strychnine. Convulsion came on in eight minutes. I gave two drachms of the tinct. camphor, and in one hour all spasmodic action of the muscles had ceased.

In one week I gave the same dog strychnia, gr. j.; tinct. camphor, ʒj.; water, ʒ ss. Not the slightest tetanic symptom appeared.

The day following I gave five grains strychnine. No interval followed the convulsion, and the jaws were so firmly closed that he died before I could introduce the stomach-tube.

In about one hour after the death of each of these dogs I inspected their bodies. There was more rigidity and stiffness in the muscles of the second than there was in the first. On opening the head, thorax and abdomen, the post-mortem appearances of each were very much alike. In the brain no particular unusual appearance was observed—excepting the vessels seemed to be fully distended with blood. The lungs were much congested from venous blood. The heart, aorta, vena cavæ, and all of the large vessels, were entirely empty. The muscles of the heart were stiff and contracted. The right and left ventricles were *collapsed* and *flattened*, and the auricles in a similar condition. The abdominal and pelvic viscera normal, though the intestines seemed to have a contracted and *knotted* appearance. Spinal cord healthy, but its investing membranes were exceedingly vascular, dark and turgid.

From that time up to 1850, I had frequent opportunities of testing the antidotal power of camphor for the poison of strychnine upon dogs and other animals, and was always successful in relieving the convulsions, if I could in a proper time succeed in introducing the camphor into the

stomach. The post-mortem appearances, also, of all that I have examined, where death has been caused by this poison (which are somewhat numerous), presented a condition similar to those cases mentioned above—especially in the heart and its large vessels, which were always contracted, flattened, and entirely empty of blood. This state corresponds with the reported post-mortem appearance of the late Dr. Gardner, which was as follows:—"Heart small, contracted, and *contained no blood.*" This singular physiological condition illustrates the peculiar action of the poison upon the nerves supplying the heart, and shows that death is caused, in a person who has taken an overdose of this drug, by the *primary arrest* of the functions of the circulation, a total suspension of the action of the heart, and that during the spasmodic action of all of the muscles of the body, the muscularity of this viscus is such, that it is affected in common with other muscles; and that in the prolonged convulsion it holds its contraction that length of time. Perfect dilatation becomes impossible by reason of the *stronger opposing power*; the circulation is consequently arrested and asphyxia is at last completed, which explains the peculiar contracted and rigid condition of *this* organ after death.

I will relate the particulars of one other case that occurred in this city in December, 1850. It was that of a healthy boy, aged 12. I was hastily summoned by the father to visit his son, who was said to be dying with fits. On entering the room of the boy, I found him to be laboring under a most frightful tetanic convulsion, and of that singular form that reminded me of my former patient, and at once gave the opinion that the boy had taken strychnine. My belief was founded upon the fact, that such marked and definite symptoms as are induced by this poison, are never produced by any combination of diseased action whatever. In a period of fifteen years' investigation, and daily observation of the various and multiplied phenomena of disease, I have never witnessed any such peculiar forms of nervous power, as those resulting from the influence of strychnine—and they need to be only once seen, by any *medical man*, to make an impression that will never be forgotten. My opinion, as expressed when first seeing the boy, was confirmed upon obtaining the following facts. I learned that, a short time previous to the first attack of a convulsion, the boy had eaten a biscuit picked up at the door of an eating house, that was made for the purpose of killing *rats*, and contained, as near as could be ascertained, about one and a half grain of strychnine. The boy was seen to eat the whole of the biscuit—but in a short time vomited a part of it up. There were in attendance two physicians when I arrived. The usual remedies recommended in ordinary convulsions had been resorted to, but without any mitigation of the violent spasms. The patient was evidently failing under the increasing spasmodic action of the whole muscular system, and death was apparently certain without some immediate relief. It was at once perceived that a sufficient amount of camphor could not be immediately introduced into the stomach, in consequence of the continued *lock-jaw*. Accordingly strong injections of camphor were used, and the body immersed in a hot-camphor bath. The effect was happy and decided.

In less than one half hour, the violence of the spasms was relieved. He continued to improve rapidly, and in a few hours was apparently well—suffering only from excessive exhaustion.

I have been somewhat minute in my detail of the above cases, from the fact that they were the *first* that ever occurred to my knowledge, and are the *only* ones reported, which show that camphor has any antidotal power for the poison of strychnine, with the exception of the case mentioned by Dr. Pidduck, which happened some ten years after my first case occurred, and after my repeated experiments on the dog.

OBITUARY NOTICE OF DR. SEBA CARPENTER, LATE OF ATTLEBOROUGH, MASS.

[Read before the Bristol County (Ms.) District Medical Society, by BENONI CARPENTER, M.D. and communicated for the Boston Medical and Surgical Journal.]

GENTLEMEN,—At our last meeting it was deemed expedient, and a duty, also, to notice more particularly, than had hitherto been done, the decease of our aged and venerable Fellow, Dr. Seba Carpenter, late of Attleborough. That duty was, by your unanimous consent, assigned to me. And you will allow me to say that nothing affords me more pleasure than to assist (with whatever ability I may) in preserving the memory of the dead, and especially of a worthy member of the medical profession and a Fellow of the Massachusetts Medical Society.

Dr. Seba Carpenter was born in Rehoboth (now Seekonk) in 1783. His father was engaged in agricultural pursuits, and his son enjoyed such advantages, as were usually afforded in similar circumstances in those days, until he was 11 years old. At that age he received an injury upon one of his lower limbs, which terminated in its loss. The doctor was accustomed to say (jocosely) that he was kicked by a cow and doctored by an ass. However this may have been, the injury baffled the means used to arrest its progress, until it was deemed, by competent surgical advice, impossible to save the limb. He was then removed from the residence of his father, to the hospital of Dr. Nathaniel Miller, of Franklin, where the limb was amputated by Dr. Miller, then a leading surgeon in Bristol County, as also in the State.

After his recovery young Carpenter availed himself of such advantages (outside of a liberal education) as were then deemed necessary, and preparatory to the study of medicine. At this stage he commenced the study of medicine with Dr. Rogerson, then of Rehoboth, but subsequently of Boston. After the removal of Dr. Rogerson, he entered his name with Dr. Blackington, of North Rehoboth, with whom he finished his medical studies.

At the early age of 21 or 22 years, about the year 1804 or 5, Dr. C. commenced practice in North Rehoboth. Here he remained with more or less success in his profession, for about two years, after which he removed to Attleborough, where he spent the remainder of his life in the active duties of his profession.

He died at the advanced age of 71 years, thus having been engaged in the active duties of medical practice for half a century. The doctor

was never married; yet he was decidedly domestic in his habits, so so much so, that he built himself a mansion in a central position, where he resided, very much domesticated, for the last thirty or forty years of his life. It has often been my privilege, as well as my pleasure, to call on him, and I have rarely seen persons enjoy their domestic relations more perfectly than did he, although a bachelor. His business was never large, yet he accumulated quite an estate, his inventory amounting to some fifteen or twenty thousand dollars.

Being possessed of sound judgment, and clear powers of discrimination, his prognosis was seldom in fault. He could be just to himself, and yet not oppressive to others; generous, without prodigality; economical, without penuriousness. Being temperate in his habits, he always inculcated the same virtue upon others. In fine, he furnishes to the profession a good example of what industry and economy will accomplish when rightly directed, even with a limited business.

Although his health had been failing for a considerable length of time, yet his death was unexpected and sudden. He had often complained of oppression in the region of the heart, and in the absence of an autopsy it is fair to suppose that he died of an organic affection of that organ. He died almost without a struggle, and without having made any disposition of his property, which reverted to his natural heirs.

His whole life furnishes a lesson upon economy, frugality, punctuality and honesty, which many a member of the profession might adopt as his guide and polar star, with great advantage to himself, and without the least detriment to his employers. He would never distress the needy, or oppress the poor; yet he knew of no reason why competency should not remunerate medical services as well as any other.

On casting our eyes over the history of this Association, since its formation, we find that death has twice entered its ranks, and taken two of its most worthy and leading members (Drs. Savery and Carpenter). And what is calculated to add to the interest of this melancholy event, is the fact that they were both inhabitants of the same town, residents of the same neighborhood, *intimate friends*, and both died of sudden and unexpected disease.

Gentlemen, may not we be permitted to mingle our sympathies with those of their relatives, their friends, and especially the members of the medical profession in the town where they resided, and ask, in return, their sympathies, when the same messenger shall enter our abode, and remove us to "that bourne from which no traveller returns."

December, 1854.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 10, 1855.

The Fatal Case of Anæsthesia at Albany.—Dr. March's Explanation.—We have received, from a highly respectable physician in this city, the

following note in reference to the case of death in Albany, which was reported in this Journal of Dec. 27th, as having been caused by the use of sulphuric ether. We cheerfully give place to it, and are glad to find from it that neither the reputation of the operator nor of the article said to have been used, are likely to suffer from the occurrence.

MESSRS. EDITORS.—In a recent editorial notice of a death in Albany from the administration of Sulphuric Ether, you expressed an intention of waiting for more authentic information on the subject. This information I am enabled to give you from a letter received from Dr. March, to whom I addressed a note asking for the facts in the case, as I had never known a fatal result from the use of that article.

In his reply, he refers to your editorial, in which you say that "Ether was administered, she appeared to sink, when stimulants were at once given, which had the desired effect. After she had recovered, more was given, and Dr. March proceeded to the operation. From the stupefaction of the ether she never recovered." Dr. March then proceeds to say, "You will perceive by this, that no mention is made of the use of chloroform, and that I was so unmindful of human life as to continue the use of ether after 'she appeared to sink.' Sulphuric ether was used for ten or twelve minutes, and found not to produce the desired effect. About half a drachm of pure chloroform, tested in several other cases, where its effects were pleasant, and all that could be desired, was then employed. After waiting a few minutes, another half drachm was added to the sponge, and in a few minutes more, anæsthesia was produced. The operation was commenced, and as the patient manifested some symptoms of sensibility, I think a little more was used. In short, the patient was not etherized at all; nor was either chloroform or ether administered after 'she appeared to sink and after the administration of stimulants.' I do not think that ether had any agency in the death of the patient."

S. D. T.

Somerset St., Jan. 4th.

Washington Board of Health.—A more perfectly systematic record of mortality has not been received from any point of the compass, than that presented by the Board of Health in the city of Washington. It could hardly be otherwise, with Thomas Miller, M.D., officiating as president. From July 1, 1853, to June 30, 1854, when the municipal record of deaths closed, there were 1,209 deaths in that city. Of this number, 57 were laborers, 17 domestic servants, 13 clerks, 14 slaves, 3 physicians, and the remainder were persons engaged in a diversity of employments. Of these, 129 were single, 246 married, 25 widowers, 46 widows. Under 15 years, 673. The population is probably about 6000. The document is tabular, and minutely constructed; but it is not necessary to copy extensively from it. In justice to Dr. M.'s patient, excellent manner of embodying such statistical facts, this notice of his report is demanded.

Manual for the Medical Practitioner.—Darrow & Brothers, Rochester, N. Y., are the publishers of a neat, and we are inclined to believe, a useful book, with the above title. G. Arink, M.D., is the author. The dedication being to a brother in Holland, it is a fair conclusion that Dr. Arink hails also from the land of dykes. Medical and pharmaceutical instruction are here combined. The work has a vast many good things in it, but they are unique, and seem more at variance with generally received notions than they really are when carefully analysed. Some of the remedies are novel, although

they may be excellent. There is an oddity occurring here and there, which, strikes the reader with surprise. For example, on page 29, on convulsions, cramp and spasms, the text says—"The general cause of this disease (*Eclampsia*), is sordes in the stomach and bowels; also, wind and worms." "If there is a disposition to vomit, give No. 203." Whether there is a Dutch peculiarity about the treatise, or our imagination is a little disturbed, remains to be determined. Of course it will be patronized, and why should it not be?

Suffolk District Medical Society.—The monthly meeting of this Society, for medical improvement, was held on Saturday evening last, Dr. Buck, the President, in the chair. Notwithstanding the vote taken at the previous meeting, to hold monthly social meetings, in order to *stimulate* the members to a better attendance of those for medical improvement, and also the subsequent action of the committee in effecting pleasant arrangements for these meetings, it would seem, from the attendance of the members on Saturday evening, that the efforts of the Spartan few have been unattended with the result which was anticipated. We believe there were eighteen members, including the officers, present at the meeting. We would ask, what encouragement can there be for a member to carefully prepare a dissertation to be read before such a meeting?

Dr. Buckminster Brown read a very able and interesting paper upon cardiac displacement, for which he received a vote of thanks.—Dr. Dix spoke in favorable terms of the internal use of tinct. aconite, in cases of iritis uncomplicated with a syphilitic taint. In doses of from 4 to 12 drops it would relieve the pain at night, which is usual in iritis, and in every case but one since he had made use of it, it had proved effectual in combating the inflammation and producing absorption without the aid of mercurials. Dr. Bowditch mentioned two cases of gangrene of the lungs successfully treated by taking, internally, from 10 to 15 drops of the following mixture, three times a day: tr. opii, tr. bals. tolu, and chloride of soda, equal parts. In the case of a lady under treatment in the Hospital, who had the physical and rational signs of gangrene, such as flatness of the chest, crackling sounds, severe cough, fœtid sputa, &c., he had caused her to inhale, in addition to the treatment in the other case, tr. quinine, tr. opium, and chloride of soda. In from 10 to 15 days she began to get better, the cough disappeared, appetite returned, and she now, on the 39th day, is able to sit up.—Dr. Geo. S. Jones, mentioned a case of dislocation of the crystalline lens into the anterior chamber of the eye, resulting from a severe blow upon the eye with a large piece of anthracite coal. The iris was lacerated, the conjunctiva very much ecchymosed, and the lids excessively tumefied. Leeches were applied, and fomentations of poppy flowers freely used for several days, when the parts began to assume their normal appearance. It was nearly three weeks since the accident; no unpleasant symptoms had as yet occurred, and there was every indication that the lens would be dissolved in the aqueous humor.—Dr. Williams had seen a case of spontaneous dislocation of the lens, since the last meeting. It was a very interesting, and somewhat rare case, inasmuch as the accident could not be accounted for, and the lens would pass from the anterior to the posterior chamber of the eye, according to the position the patient was placed in. The abnormal position of this lens caused no uneasiness to the patient, excepting a slight nausea. Dr. W. thought his patient would have the use of the eye, and good vision by the aid of the cataract glasses.—Dr. J. M. Warren, while in Europe,

had witnessed the good effects of local anæsthesia, in cases requiring minor operations, and since his return he had in several instances made use of it, with happy effect. His method was to take two parts of snow or powdered ice, and one part of common salt, put the mixture into a muslin bag, and hold it upon the part to be operated on some four or five minutes; it would in that time produce insensibility in the part, so that the knife could not be felt by the patient. He thought it far preferable to general anæsthesia produced by ether or chloroform, when small sub-cutaneous tumors were to be removed, also for amputations of the fingers, &c.—Dr. J. S. Jones had had, a few days previous, a case of strangulated femoral hernia in an elderly lady. After a little manipulation to return it, it became exceedingly tender and painful. The cold produced by the evaporation of sulphuric ether upon it, rendered it at once painless, and he was able to reduce it without much difficulty.—Dr. Buck related a case of strangulated hernia which relieved itself after forty-eight hours, simply by having pounded ice in a bladder placed over the tumor.

Surgical Appointment at the Massachusetts General Hospital.—It affords us much pleasure to announce the appointment of Dr. Geo. H. Gay, of this city, to the surgical staff of the Massachusetts General Hospital. Although we should have preferred to have the selection made by *concours*, in order to establish the precedent, yet we believe, in this case, the appointment was judicious, the selection of Dr. Gay being based upon ability and merit. The appointment to this honorable position must be extremely gratifying to Dr. Gay, inasmuch as, we are informed, he was not an applicant for the vacant post.

The "Alleged Mail Robbery by a Physician."—In last week's Journal, mention was made of the arrest of Dr. Oliver B. Howe, Post-Master at Shelburne, N. H., for the alleged crime of purloining money from letters passing through the Post-Office. We are happy now to state, that he has been liberated, as the grave charges preferred against him could not be substantiated.

Personal—from the Junior Editor.—In the Journal of the 22d ult., we called the attention of our readers to the fact, that quite a large number of physicians had been elected to various offices, in this as well as the other states of our union. In our notice of this fact we took the opportunity to state, that Dr. Smith, the senior Editor of the Journal, had been triumphantly re-elected Mayor of this city, and spoke in terms of commendation of his fitness and ability to hold the high position. Some of our newspaper cotemporaries have seen proper to copy a portion of that notice, italicizing the words which suited their purpose, and stating that Dr. Smith was himself Editor of the Journal from which it was taken. Now the Editors of these papers must have known that our Journal had more than one Editor; and they must also have supposed, what we then thought it unnecessary to say, but which we now affirm, that the senior Editor never saw that notice till it was in print.

G. S. J.

Excess of Physicians—Opening in the East.—While the demand for medical assistance in the Russian and English armies is a theme of common

remark, it is surprising that the characteristic enterprise of Americans does not exhibit itself in the ranks medical, and the urgency of the case induce a hundred or two to venture to the Black Sea. There is an excess of them in the older states—which limits and circumscribes their sphere of activity amazingly. Why not make a voyage, and run for luck? Enterprise is the order of the day. Surgeons are out of the reach of bullets, are well paid, always honored and respected, and without being under that close military rule which attaches to other officers.

New Orleans Sanitary Commission.—Although a brief mention of this volume has been already made, the magnitude of the subjects both suggests and demands further consideration. Beginning with the distinct proposition that yellow fever is a disease from which few patients recover, it is natural enough to infer therefrom that great alarm is excited among those who are exposed to its circle of influence whenever it appears as an epidemic. There are indeed other places in the wide world, besides New Orleans, which suffer from yellow fever; but in none of them does its appearance produce as much excitement as in that city, whose immense commercial business connects it with all the great Atlantic ports, and so onward even to distant parts of Europe. Dr. Barton is the master spirit through the pages of this volume, and his orderly classification of facts, and the clear and cogent reasonings he presents on points sometimes controverted, leads us to the opinion that there are not many medical men in the United States who could have accomplished this great undertaking so well as he has done.

At this late period in the history of medicine, it would be supremely ridiculous to pay attention to any body's theory of the origin of yellow fever. Dr. Barton knows quite as much upon that mooted subject as any one; but it is of no use to waste time over it. Our main concern has been to discover what the profession of New Orleans have to say respecting the terrific malady that has swept over that city. They have spoken out boldly, like honest men and medical philosophers. The report is a monument for transmitting the names of those who have recorded their observations in it, to after ages. They discovered filth enough in the city to create a plague, and have had the honesty and fearlessness to proclaim it in the ears of the magnates. With reliable intelligence to guide the civil authorities, if the Board of Health permit another epidemic of yellow fever to mow down the citizens, their own fortunes may be involved in the ruin. Clean your streets, gentlemen, drain the bogs, carry off the night soil, air the basement rooms, sleep in dry apartments, and obey the ordinary laws of health, as the first movement towards putting the city on the defensive. Finally, in closing these desultory comments on the report, we must be permitted to say that we feel a deep interest in regard to the sanitary action of the municipalities of New Orleans. Dr. Barton can do no more to enlighten the people or direct the magistrates. By following out in detail the inferences which he has drawn from the facts presented, and on which this report is based, New Orleans may yet establish a reputation for cleanliness and exemption from fatal epidemics.

The Medical World—Matters and Things in it.—There are periods when grave questions more particularly come up for the consideration of medical men. Some novel project, Dr. Somebody's writings, a new instrument, a famous operation, &c., will at times keep medical circles in a

state of pleasant excitement. Of late, however, the world seems to move on quietly in respect to medical matters generally. Without much to do beyond the regular routine of practice, and with no motive for stirring up a tempest about nothing, even the restless spirits, those who always get terribly berated at medical meetings, are uncommonly still in these days of snow, sleet, fog, rain and cold. This is really the time for study and deep thought in New England. It is the season when good papers are or should be written, essays concocted, and preparations made for doing the work of the new year better than the last year's was done.

Prevalence of Smallpox.—It is one of the extraordinary things of our times that smallpox should prevail so extensively, and fatally too, every year, when the remedy is at hand, and to the poor always free. Notwithstanding the incessant cry of warning rung in the ears of the people, the devastations of death, and the sufferings in every community where smallpox appears, the mortality goes steadily on, as though there were no way of escape. Massachusetts, New Hampshire, Maine and Vermont, lose many citizens annually, who either obstinately refused the blessing of vaccination, or haggled at the pittance asked for it.

New York Ophthalmic Hospital.—This institution is in a very flourishing condition. There have been over 1150 new cases during the past year, and 2427 patients from the time it was first opened, which is now about two and a half years. Drs. Valentine Mott and D. L. Rodgers are the consulting, and Drs. Garrish and Stephenson the attending surgeons, the latter of whom is delivering a course of lectures on ophthalmic surgery this winter to a class of between 50 and 60 medical pupils. These, added to the preceding classes, make 110 who have been pupils in the New York Ophthalmic School. Clinical instruction is also given three times a week to the class.

Suffolk District Medical Society.—We are advised, that on account of illness in Dr. Warren's family, the social meeting of the Suffolk District Medical Society will be omitted for this month.

Novel Mode of Opening an Ovarian Cyst.—Dr. Sims, of this city, has recently performed this operation in a mode which is new, and which seems to possess several excellencies. A trocar, fifteen inches in length, curved so as to be the arc of a circle, of four and a half inches radius, was, with its canula, inserted at the usual place of tapping in abdominal dropsy. After a portion of the fluid was drawn off, the point of the trocar was drawn within the canula, which, after several attempts, was finally carried to the cul-de-sac, between the uterus and rectum; and when felt there by the finger in the vagina, the trocar was again protruded, the sac and the vagina perforated, and the extremity of the canula brought out between the labia majora; thus, in fact, transfixing the patient. A self-retaining catheter was then attached to the canula, and drawn into the ovarian sac, where, being separated from the canula, it was secured within the sac. The canula was then withdrawn, and the external opening closed. In this way

the contents of the cyst were allowed to drain entirely away, and it is hoped that obliteration of the sac and the cure of the patient, will be the result. At our present writing, nearly three weeks after the operation, she is going on well.—*American Medical Monthly.*

Choride of Zinc as a Caustic.—In many cases it is of great importance, in the use of chloride of zinc as a caustic, that it should not run. Such a one is at present under the care of Mr. Cock, of Guy's Hospital, in which it is being used to destroy a polypoid growth of the nose, part of which has been extracted. A paste made with flour was first tried, but this was inconveniently moist, and liable to run. Mr. Cock now uses plaster of Paris, which answers admirably. The paste may be made of suitable consistence, and it does not afterwards become in any degree more liquid. The duration of the pain, after its use in this way, is generally much less than if it be used in a paste more liable to liquefy.—*Medical Times and Gazette.*

Medical Miscellany.—Eighteen young gentlemen received their diplomas at the commencement exercises of the Albany Medical College last week.—There is a woman living in Virginia, who is said to be 130 years of age—probably the oldest person now living in the United States.—A shark was recently captured in Calcutta, East Indies, in the stomach of which was found the body of a young child in a good state of preservation; also the body of another, and a portion of an adult, partly decomposed.—Dr. R. M. Graham, who was convicted of manslaughter some time since in New York, was last week removed to the State prison to undergo his sentence of seven years. He will be employed as assistant physician of the Prison.—One hundred and sixty-five persons died from violence in this city during the past year.—On the 26th December, there were in the Bellevue Hospital, 590 inmates; in Lunatic Hospital 552; in Penitentiary Hospital, 495; smallpox Hospital, 3; Randall's Island Hospital, 213. Total, 1833. On the 1st of December the deaths in Ward's Island Hospital during the month were 86, or 3.1 per cent. In the Refuge, 1401 cases; 7 deaths, or 1.5 per cent. Obstetrical Department, 136. Deaths, 6.

PAMPHLETS RECEIVED.—On the Unity of Mankind; an introductory lecture, delivered before the class of the Medical Department of the St. Louis University, by M. L. Linton, M.D., Professor of the Theory and Practice of Medicine.—A Brief Sketch of the History of Lexington, Kentucky, and of Transylvania University, delivered as an introductory lecture to the winter course in the Medical Department of Transylvania University, by Robert Peter, M.D., Professor of Chemistry, Pharmacy, &c.—The Report of the Board of Health of the City of Washington, D. C., for the year ending June 30, 1854.—Microscopical Observations, pertaining to yellow fever, by J. L. Riddell, M.D., Professor of Chemistry in the Medical Department of the University of Louisiana.—Transactions of the Connecticut Med. Society.

MARRIED.—In this city, 1st inst., Dr. James T. Patterson to Mrs. Mary Jane Nutter.—At New York, Dr. Frederick William Bartlett to Miss Adelia Hunter.

Deaths in Boston for the week ending Saturday noon, Jan. 6th, 67. Males, 34—females, 33. Abscess, 1—accident, 1—anemia, 1—inflammation of the bowels, 2—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 2—consumption, 10—convulsions, 3—croup, 2—cancer, 1—cancer of the breast, 1—dysentery, 2—dropsy, 3—dropsy in the heart, 2—debility, 1—infantile diseases, 2—puerperal, 1—typhoid fever, 2—scarlet fever, 2—hooping cough, 1—inflammation of the lungs, 7—congestion of the lungs, 1—old age, 2—pleurisy, 1—disease of the spine, 2—sore throat, 1—smallpox, 7—teething, 2—tumor, 1—inflammation of the womb, 2. Under 5 years, 24—between 5 and 20 years, 5—between 20 and 40 years, 23—between 40 and 60 years, 10—above 60 years, 5. Born in the United States, 49—British Provinces, 4—Ireland, 12—Spain, 1—Italy, 1.

Retirement of Mr. Burnett the Apothecary - His successors Messrs. Metcalf and Goodwin.—By reference to our advertising sheet, it will be noticed that Mr. Burnett, Apothecary, 39 Tremont street, has retired from business, and has transferred his stock and stand to his predecessor, Mr. Metcalf. Mr. B. has long been favorably known to the profession as a scientific pharmacist, and we are pleased to know that he retires from business with ample pecuniary resources, and the good wishes of former patrons for his continued prosperity. Mr. Metcalf established the business at the same stand some 18 or 20 years since, and is so favorably known to the profession, that any thing we might be disposed to say in his behalf would seem needless. He has associated with him Mr. Goodwin, a gentleman of rare ability and acquirements, who, with Mr. M., will continue to sustain the deservedly good character of this long established drug store.

Extraction of a Tobacco-pipe from behind the Ear.—Mr. Henry Smith showed the Medical Society of London, a portion of tobacco-pipe, nearly two inches in length, which he had extracted from behind the ear of a boy who, between two and three years previously, had fallen down while holding a long clay pipe between his teeth. When the child was brought to him, there was a swelling over the mastoid process, and a small aperture on it, by which some foreign body was detected, which at first was thought to be dead bone, as no history of the accident with the pipe had been obtained. When, however, the foreign body was extracted, the mother of the child first mentioned it. She stated that after the accident the boy had been seized with a severe illness, accompanied with a great pain in the head. These symptoms, together with an inability to open the mouth, continued for some months, at the end of which they subsided, when the swelling first appeared behind the ear, and continued there for two years; it had been thought to be merely an abscess, and treated accordingly. On examining the interior of the mouth, which could only be opened about half-way, Mr. Smith could see an opening in the mucous membrane, just at the base and inner side of the ascending ramus of the lower jaw, through which the piece of pipe had penetrated. It must have passed along the inner and posterior border of the jaw, amongst the important vessels and nerves, and gradually made its way towards the surface, where it had remained for two years.

London Lancet.

On the Action of Gallic and Tannic Acids on Iron and Alumina Mordants. BY PROF. CALVERT.—The author drew the following conclusions from the facts contained in his communication:—1st, that there can be no doubt that tannic acid is the matter in tanning substances which produces black with iron mordants; 2d, that the reason of gallic acid producing no black die is, that it reduces the peroxide of iron in the mordant, forming a colorless and soluble gallate of protoxide of iron; 3d, that gallic acid has the property of dissolving hydrate of alumina, and also of separating alumina mordants from the cloth on which they are fixed; 4th, that the reason of extracts of tanning matter losing their dyeing properties is, that the tannin is transformed into gallic acid; 5th, that gallic acid possesses the property of dissolving iron, and thus lays claim to the character of a true acid, whilst tannin, not having this action, appears to be in reality a neutral substance.—*Chemical Gaz.*, Nov. 15, 1854, from *Athenæum*.

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TWO CASES OF STRANGULATED INGUINAL HERNIA.

[Under the care of Mr. LE GROS CLARK and Mr. QUAIN, at St. Thomas's Hospital, London.]

ALTHOUGH there is some difference of opinion amongst surgeons as to the propriety of opening the sac in the operation for strangulated hernia, we are confident that the peritoneal investment is never laid open, except the surgeon conscientiously thinks the measure necessary. But even when this necessity is most manifest, there may be some apprehension in the mind of the operator, who is apt to ask himself whether he is not, by laying bare the intestine, jeopardizing his patient's life?

Now, it must be evident to those who see a great many of these operations, that the opening of the sac, and even the decidedly dark color of the bowel, are, to say the least of it, pretty often followed by favorable results. Of course, we are only stating a general impression, and know full well that accurate statistics are indispensable for settling the question; but we are nevertheless anxious to select from the numerous cases which come under our cognizance, a few, which may tend to allay certain fears which operators might experience. For ample information on the subject, we beg to refer to Mr. Hancock's excellent monograph "On Petit's Operation." Here follow Mr. Clark's cases, as noted down by Mr. Tyrrell, house-surgeon to the Hospital.

CASE 1.—James B——, a railway porter, aged 24 years, was admitted into Henry's ward on October 11th, 1854. The patient states that he has always been subject to a small swelling in the right side of the scrotum, which caused him no pain or anxiety. The tumor was, at times, increased by another swelling, which appeared occasionally in the groin; but the hernia never stayed down long, and could always be returned without giving him any pain or inconvenience.

On the night before admission, his bowels were open freely and the man retired to bed as usual, there being no swelling in the groin beyond that which was constantly there. He was, however, woke rather earlier than usual by uneasiness in the abdomen, when he found the swelling in his groin larger than he had yet noticed it. It, however, did not arouse any fear in his mind; but, as the pain continued, he went to a surgeon, and, complaining only of abdominal pain, was ordered some simple purgative. This made him sick, but produced no motion; he therefore went again, and mentioned the tumor, which the surgeon tried

in vain to return. He was then sent to the Hospital, which he reached about 1 o'clock.

On admission, the patient was found to have a swelling, about the size of a turkey's egg, occupying the position of an inguinal hernia. He was complaining of great pain in the belly, there was sickness, his pulse was weak, and his tongue a good deal coated. Attempts were made, by taxis, to reduce the hernia, but without effect. Ice was then applied until half past six, P.M., when, after another attempt at reduction by taxis, Mr. Clark decided on immediate operation.

It was accordingly proceeded with in the usual manner. After dividing the integuments, some smart hemorrhage took place, and three arteries required the ligature. On arriving at the peritoneal investment, an attempt was made to return the contents without opening the sac, but this was found to be impossible, from the stricture existing in the neck of the sac itself. The latter was accordingly opened, and a considerable quantity of fluid, not exactly resembling the serum usually found in hernial sacs, escaped. This was the fluid of a hydrocele. The gut was found to be of a dark claret color; there was a large quantity in the sac (five or six inches of intestine); and it was, after some little delay, returned into the abdomen. The testicle was found in the sac, proving the hernia to have been of a congenital nature. The wound was now dressed, the patient returned to bed, and at half past 8 he was fast asleep with the chloroform; at 12 he woke, and, as he did not feel inclined to sleep, he had twenty drops of laudanum.

The next morning the patient was all the better for his sleep, though he had some little pain in the head. The bowels had not been opened in the course of the day; he had some slight pain in the abdomen, for which he was ordered to take, every sixth hour, two grains of calomel and a quarter of a grain of opium.

No evacuations took place until about half past 2 the following day, forty-three hours after the operation. The man was now perfectly relieved, and suffered afterwards no pain. From this time he continued to improve, and went out of the Hospital with the wound quite healed up.

CASE II.—Richard B——, a paper-maker, aged 39, was admitted into Henry's ward, on October 10th, 1854, under the care of Mr. Clark. The patient gives the following account:—

He has had a rupture on the right side for twenty-five years, and on the left for fifteen years. Has worn a double truss for five years, previous to which time he had not used any apparatus. About a twelve-month before admission here, the rupture on the left side came down, and he was unable to return it for some little time. Previous to, and after this, he had had no trouble with either rupture. His work is heavy, and he does a good deal of lifting, &c. In the afternoon of the day which preceded admission, while in bed and asleep (he works at night), the right rupture came down further than he had ever known it come before. This circumstance woke him up, though the swelling did not pain him much for about half an hour after its descent. At the expiration of that time, however, he had a great deal of pain in the re-

gion of the umbilicus, and felt after this very sick. The straining consequent on his retching made, he says, the tumor become larger.

He now sent for a surgeon, who put him in a warm bath, and used taxis for some time, without success. He continued very ill all night, but his bowels were very slightly opened once this morning previous to his admission. Finding himself getting worse, in the morning he started for the Hospital, and was admitted at 10, A.M.

A tumor was seen in the right groin, the size of a large turkey's egg; it was very tender on pressure; and the man had also some little pain in the abdomen. Mr. Clark tried taxis for about a quarter of an hour, after which the patient was sent to bed, and ice applied to the tumor.

At 3 o'clock, Mr. Clark again applied taxis, without success; he therefore obtained the patient's consent to an immediate operation.

The latter was performed in the usual manner. Mr. Clark opened the sac, which was found to contain a large quantity of serum tinged with blood. The intestine, of which there were six or seven inches, was deeply congested, but otherwise unaltered. After the operation, the wound was dressed, and the patient removed to bed. He was ordered thirty drops of Battley's sedative.

The patient was a good deal troubled with flatus for some days, especially after the operation; it proved very annoying and painful, and resisted all methods of alleviation. The next day (October 11th) the bowels were not open; Mr. Clark therefore ordered some castor oil with a little laudanum, and also an enema. No result was obtained, but three enemata were given in the space of forty-eight hours, to get the bowels open and relieve the flatus.

As these lesser means proved futile, he was ordered, on the third day, four grains of calomel and half a grain of opium, to be taken in the evening, and some castor oil in the morning, if necessary.

The calomel produced four evacuations during the night; after this, however, the painful distension from flatus continued for some days, though in a less degree. The patient, however, continued steadily to improve, and was soon discharged in very good condition.

In making a few remarks on these cases, Mr. Clark stated that they presented certain points of contrast, and others of resemblance. In each the hernia was large, and occupied the scrotum; the duration of strangulation was short, and the symptoms were urgent. In each case the internal ring *seemed* to be the seat of stricture, but really had little or nothing to do with it, the neck of the sac itself requiring division before the intestine could be returned. In both the gut was of a port-wine color, and the relief, on division of the stricture, immediate. Further, in each case the chief suffering was referred to the umbilical region, and but little complaint was made when the tumor was handled. One other point of similarity was remarkable, because rare. In both instances the rupture descended whilst the patients were *recumbent*, and without any conscious effort on their part.

As points of contrast it may be remarked, that in one case the hernia was an old one, and usually descended into the scrotum; in the other, which was congenital and complicated with hydrocele, it would appear

that the rupture had not before protruded beyond the internal ring, or very slightly so. This fact accounts for another point of contrast observed during the operation. In the old rupture, the seat of stricture (the neck of the sac) was low down, dragged, as it were, to the mouth of the inguinal canal, whilst in the recent hernia it was high up, out of sight, and reached with difficulty. In neither case could any untoward symptom be referred to the opening of the sac and necessary exposure and handling of many inches of intestine.—*London Lancet.*

ON THE SEPARATION OF THE SEXES IN LUNATIC ASYLUMS.

BY JOHN M. GALT, M.D.

At the present time, when the wants of the insane are so generally recognized and enforced, we can but view it as desirable that particular attention should be directed to every subject in connection with establishments devoted to the care of these unfortunates; for the efforts of those acquainted with the exact nature and characteristics of insanity, which formerly could not be more profitably bestowed than in persuading the public to make due provision for the hapless lunatic by the erection of asylums, may now be given very suitably to attempts at improvement in the construction and management of these charities.

We regard the separation of the insane, so that only those of one sex shall be admitted into any asylum, as a subject of sufficient importance to occupy the attention of all who are interested in the amelioration of the lot of those laboring under the dire calamity of mental alienation.

The primary disadvantage, under the ordinary system, of having both sexes in the same establishment, is two-fold. First, the necessity of keeping the two classes strictly apart demands the most ceaseless vigilance on the part of the officers—a vigilance, too, which must be deemed entirely superfluous—time, indeed, completely thrown away, when we reflect that it is not at all necessary to include males and females in the same institution. Now, there is fully enough to occupy the minds of officers without having their attention engaged in so ridiculous and utterly useless a train of thoughts. Second, not only are these precautions requisite, but the liberties of both orders of patients are essentially abridged by the necessity of keeping them altogether apart. In discussing the question of permitting a modified social intercourse between the insane of the two sexes, Dr. Woodward has asserted that he disagreed with Jacobi in regard to the adverse views of the latter. But, whether he be right or wrong, it must be manifest, on reflection, that such association had a great deal better take place, in either case, with sane persons of the opposite sex than with the insane. And this, which we esteem, indeed, a desirable arrangement, like other improvements, as we shall show hereafter, is diametrically opposed to the existing policy of having males and females on the same premises.

But again, the circumstance of a variety of officers of different sexes being attached to the same establishment has led, we are confident, to far more bickering and strife than would otherwise have occurred:

such diversified interests and such conflicting views ensue, that every board of trustees will find a difficulty here. This is a fact so well established, that we could quote more than one writer to that precise effect. And it must be remembered, too, that all evils of the kind are not only unattended by any counterbalancing advantage, but, as merely appertaining to the present false system, cannot be deemed an intrinsic constituent of the incidents attending the management of the insane.

But, moreover, besides this clashing of opinion to which we have referred as very liable to cause strife and confusion, still greater difficulties attend the management of a promiscuous crowd of male and female attendants. We need not enter into minutiae here, but the evils of this admixture are felt in asylums generally, and have often been deprecated. In truth, aside from their relation to each other, the relation of attendants to patients of the opposite sex is sometimes a perplexing matter; and for this reason alone we would urge the proposed change, especially when the opposite is alike feasible and advantageous.

When we look to the principles of progress, we find that the present system causes us to cling to all the obsolete practices and ideas of the past. The moment any new endeavor is to be made, if it suits one side of the house, it is just as likely as not to prove unsuitable to the other. Saying nothing as to the freedom of action with regard to all experiments, which would be acquired by a different plan, the very fact that the minds of the officers would be released from a number of cares and apprehensions, would give a wonderful impetus to their further efforts to better the condition of their afflicted charge.

From the last paragraph the transition is easy to a suggestion of kindred nature, with which we conclude our arguments in this relation, though others might with facility be adduced if they were called for. The argument to which we advert is involved in a principle which holds good not only with regard to the management of lunatic asylums, but is applicable to all institutions for whatever purpose, and, indeed, constitutes an important law of nature. For a great and inherent principle of creation is found in the unity of design pervading the whole "universe of things." The might and power even of the Deity is evinced in the highest degree in this mode of action. When we survey the animal and vegetable kingdoms, we discover a strict accordance with this law in their structure and spheres of action. For example, how well adapted to the purpose of flying—the chief design, as to motion, of a large majority of the feathered songsters of the grove—are the conjoined characteristics—hollow bones, very expansible lungs, and a nervous pinion, all pointing to the one purpose of flight! Again, in the camel, a denizen of sandy plains, what a remarkable suitableness to its habitat do we discover in its capacity of endurance, the shape of its hoof, and the peculiarity of its stomach in containing a reservoir of water! It were needless to multiply instances, as the principle under consideration is evinced everywhere throughout all the fields of nature. And when we turn to man, and examine his acts and doings, his efforts and his institutions, we find the same ratio to exist as elsewhere in nature, between power on the one hand and simplicity and unity of action

on the other. This conclusion we, of course, consider as altogether applicable to the measure respecting the insane which we have advised above. But, moreover, it may be observed that this principle has long been fully acknowledged in an important question connected with the management of those laboring under mental disease; for, if we investigate the facts bearing on the question whether lunatics should be treated in the same building with the sufferers from other maladies, and with the poor generally in almshouses and receptacles of the kind, we see that experience is entirely in favor of a separation of the poor lunatic from such companionship. Now, it is but an extension of this idea, when we adopt the plan of providing different establishments for the two sexes, for in each case simplicity and unity are the objects sought.

Another consideration, which may, perhaps, be brought forward in support of the plan of different asylums for the two sexes, is, that we might then venture to accommodate larger numbers, comparatively, in each institution. For the principal argument as to accommodating in one establishment but a limited number of the insane is, that a considerable number cannot be properly attended to by one mind, it being assumed that the best government of a lunatic asylum is that of a medical superintendent placed over the whole establishment. But it must be obvious that when we have got rid of the harassing cares attending the management of the two sexes in a single institution, then the number under supervision in each case could doubtless be enlarged with advantage. And further, the general idea involved in the principles of classification could be far more thoroughly and efficiently carried out when, the number of the patients under the two regulations merely remaining the same, we could double our wards under the new policy; according to the proposition which we have advanced, however, of increasing the amount of accommodation, a still greater potency is conferred on the capacity for classification. Again, by the adoption of the proposed alteration, the buildings would be far more simple, would cost less, and prove more efficient, being directed to the one purpose of treatment, instead of having to be so modified as to guard against ridiculous dangers. Apart from other considerations, the last mentioned would enable us, too, the more easily and advantageously to increase the number of the inmates accommodated; and the most prejudiced in behalf of small asylums could not gainsay the idea in question. It happens, then, both from the facility in providing for large numbers, and the unity of design in the buildings, a saving in the cost of institutions will consequently ensue. This alone would probably compensate for any pecuniary loss attending the improvement which is suggested, the advantages of which, however, we are free to confess, are not to be measured by dollars and cents.

Having assigned the principal reasons which, in our opinion, prove the propriety of that change of policy in asylums which has been described above, we proceed to touch lightly upon the ideas and experience of others in this regard. And first, as to the actual experience on the subject. Though, from the two prominent examples of the few asylums in which the new principle has been followed—the Bicêtre and the

Salpêtrière—more important lessons have emanated than perhaps from any other source ; yet we have no design to strengthen our position by any reference to either these or other establishments for the insane, because few great improvements have ever been effected without there having been partial instances of the change proposed for years, indeed for centuries, elsewhere, and yet no grand results ensued until a radical subversion of an old measure was accomplished. Thus, republicanism and the union of confederated republics had been attempted before the American revolution ; and yet, when were there produced such extensive and beneficent effects before our starry constellation of States flashed forth to adorn and guide the present age ? Moreover, whilst it might make little difference what were the peculiar arrangements about an institution for the insane, when only a few principles had been established, and whilst the management at an early period was necessarily rude and unsystematic, there might be a world of difference, and every nicety of arrangement might be demanded, when various important principles had been discovered and enforced ; and hence, for their being carried out fully, various niceties of arrangement would be required.

As respects the idea of carrying into practice the new instead of the old arrangement, there is not the least difficulty, if, hereafter, those advocating the cause of the insane will simply adhere fully to the truth ; for, upon the assumption (now generally supported) that an institution should not contain beyond a comparatively limited number of patients—viz., 200—250, it is evident that, in order to make suitable provision for the unfortunate lunatic, asylums will have to be greatly multiplied. Nor can I believe, now that the good effects of hospital treatment are so widely observed and so extensively recognized, that there will be any backwardness in the public as to doing all which duty requires and compassion urges. In the consequent multiplication of asylums, how easy will it become to separate the sexes ! Many still contend that though they allow this division to be best in some instances, yet it is frequently impracticable, giving as a reason the cost of transportation and other arguments founded upon the idea that the insane can be accommodated but to a limited extent. We contend, on the contrary, that the public mind needs but little more of persuasion to induce the construction of a suitable number of asylums, and therefore such arguments are untenable. As an example, however, of this sophistical mode of reasoning, I quote a few lines from the letter of an eminent physician of this country. He says, “ I can readily believe that there would be some convenience and advantage in having the insane of the two sexes in different buildings, and on this account, if it was proposed to build two hospitals in the same section of country, I would recommend that one should be for males and the other for females ; but, as the conveyance of patients for a great distance, when going to a public institution, is a serious evil, I scarcely think the advantages would be sufficient to counterbalance this difficulty, when one institution is in the eastern extremity and the other in the western part of a large State,” &c.

The *laudator temporis acti* is so common that we do not think it necessary to quote the opinion of the past on the present subject ; suf-

fice it to state, that, as a general rule, writers prefer a separation of the sexes, if, as they say, it is feasible. But we have already pointed out the fact that such a mode of argument is no longer admissible. He who opposes the proposed arrangement must be prepared to defend himself on the assertion of its intrinsic inferiority. Admitting, however, such fancies to stand for what they are worth, we still find the medical world divided as to the matter in question ; and this circumstance itself should induce us to lean to the new views, because every one is aware of the prejudices which association weaves about established customs and regulations. In conclusion, we adjoin the unanswerable remarks of Dr. Maximilian Jacobi, whose testimony is a host in favor of any measure whatever :—

“ As to the question whether patients of both sexes should be received into the same establishment, although pecuniary considerations in most cases lead to their union, yet I am very decidedly of opinion that, whenever circumstances will permit, such union ought to be avoided. When an establishment is intended for the reception of both sexes, the general difficulty of constructing and arranging the different apartments in such a manner as to secure the attainments of the objects in view, is immeasurably increased, both by the primary considerations relative to the separation of the sexes, and by the secondary, though still important ones relative to the divisions for separating the maniacal and violent patients, so completely as is required, from the rest. The proper location of these patients, in any part of the establishment, so as to prevent them from disturbing the others, has always been a very difficult problem ; but when the separation of the sexes requires it to be doubled in the same range of building, the difficulty of its solution is incomparably increased. Embarrassments of a similar nature also occur with respect to appurtenances destined for general use, such as baths and other curative apparatus, gardens, courts, walks, &c. For they must either be made use of by patients of both sexes, under great restrictions, or they must be doubled. Hence scarcely any plan of arranging them can be discovered which is not attended both with great inconvenience and expense, and besides, much greater restraints on the liberty of the patients than would be otherwise necessary ; whilst, at the same time, the communication of the male and female patients, which ought in general to be most scrupulously avoided, can never be wholly prevented. In addition to all these inconveniences, another evil of no small magnitude arises from the great number of male and female servants indispensably employed. Intrigues of all sorts are perpetually afloat amongst them, and are productive of much greater injury to the institution than any one would imagine who has not had personal experience of the fact. In reference to the question of expense, which claims particular notice under this head, it is obvious that, when all the requisites in the erection of a new establishment for both sexes are duly considered, no great saving can here accrue, however considerable may be the diminution of the cost in the general administration and the domestic economy.”—*American Journal of Insanity.*

JOSIAH BARTLETT, M.D., LATE OF STRATHAM, N. H.

[It will be remembered that on the 6th of May, 1853, in consequence of a number of passenger cars upon the New York and New Haven Railroad being precipitated into the river at Norwalk, Ct., between forty and fifty persons lost their lives. Among this number were seven physicians, members of the American Medical Association, who were on their way homeward after having attended its annual meeting in New York. At the next meeting of the Association suitable notice was taken of the sad catastrophe, and Drs. Joseph M. Smith and Edward L. Beadle were appointed a committee to prepare an account of the matter, with a biographical sketch of the deceased members. They have accomplished the duty assigned them, and by request we re-publish from their printed account a sketch of the life of Dr. Josiah Bartlett.]

Dr. Josiah Bartlett, son of the late Hon. Ezra Bartlett, of Haverhill, N. H., and grandson of Josiah Bartlett, one of the signers of the Declaration of Independence, was born on the 3d of May, 1803, at Warren, of the same State. His father removed to Haverhill in 1812, that the children might receive the benefits of a classical school.

Having completed his academic education, which embraced a liberal course of study and a thorough mastery of it, he began that of medicine with his uncle, Dr. John French, of Bath, N. H., and continued it under the direction and instruction of his father. He obtained his medical diploma at Dartmouth College in 1824, and soon afterwards entered into a partnership with his uncle, the late Hon. Josiah Bartlett, of Stratham, N. H., whose extensive practice he for a long time shared, and the whole of which he eventually received.

He was assiduously devoted to his profession ; and the demands upon his time, occasioned by the necessary attentions required in an extensive general practice, were so great as to leave him but few leisure moments for the study of other branches of science than medicine. Yet the extreme favor with which he regarded his own profession in preference to all others, was a sufficient evidence that if time and opportunities for general study had been abundant, he would still have devoted most of his attention to medical research.

He was thoroughly informed on all the fundamental principles of his art, and his reading in general medical literature was known to be extensive. He acquired the habit of perusing treatises of medicine while riding ; and thus the many hours of the day spent upon the road, were not lost, as they otherwise would have been.

He creditably filled many offices in the New Hampshire Medical Society, and for a long period was its president. On the occasion of his assuming the responsibility of the chief office, he delivered an address on the history of medicine. He subsequently prepared a memoir of his uncle, Josiah Bartlett, which was read before the Society, and published by its order.

He was elected a delegate to the last convention for revising the Pharmacopœia U. S. A., and repeatedly sent in the same capacity to the American Medical Association. He was also an honorary member of the Rhode Island Medical Society.

His principles of action, and his view of the ambition of physicians for eminence in their profession, are distinctly and happily set forth in a single paragraph of the memoir of his uncle, to which allusion has just been made. He says, "That strife which has for its object the victory of talent, industry and skill, is honorable, and calculated to advance the dignity and interest of the profession; but that man who seeks preëminence by calumny and detraction, rather than by self-exertion, deserves, and should receive, the reprobation of the wise and good."

In his living he was strictly temperate, in his habits extremely neat, and in his disposition cheerful and social. To the qualities of a gentleman, a scholar, and a philanthropist, was added the crowning excellence of a devoted Christian. He was a deacon in the Congregational church, and frequently, in the absence of the pastor, conducted the services of the sanctuary.

"How beautiful is genius
When combined with holiness! How sweet the tones
Of earthly harp when touched by Piety's
Soft hand, and hung upon Religion's shrine!"

In the hearts of a dearly beloved and greatly bereaved family, a large circle of cordial friends, and a grateful, admiring and appreciating community, his memory is enshrined.

CASE OF ENCEPHALOID DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

THE following is a report of an extraordinary case of encephaloid disease, simulating, in its early stage, *sciatica*; and terminating fatally within seven months from its first indication.

H. P., merchant; aged 46 years; of healthy parentage; no case of malignant disease is known to have prevailed in the family; of lean person, and of nervous temperament; has enjoyed good health, with the exception of neuralgic pains principally affecting the head, but at times erratic. Was seized with all the symptoms of sciatic neuralgia, about the first of last June, after having been engaged for a number of hours daily, superintending workmen in the laying out of his grounds, which were then cold and damp. His family physician was called upon to visit him professionally on the 18th of June; who found him complaining of no indisposition, with the exception of lameness, consequent on the pain, which seemed to originate near the sciatic notch, and followed the course of *the nerve* on the thigh, and its branches around the foreleg.

Having failed to obtain perfect relief, from the usual course of treatment for rheumatism, or neuralgic sciatica, he was recommended to leave his business for a few weeks, and avail himself of the alterative effects of a journey, and the sulphur waters of New York. About the 18th of July he reached Saratoga, on his way to Sharon, and immediately after was seized with an aggravated increase of former symptoms; yet no apparent change in the character of the case occurred, until within a few days before leaving for home—having remained in Saratoga

seven weeks; then a fulness was observed over the ilium, about five inches posterior to the anterior superior spinous process. This swelling was attended by no very decided pain or soreness, even on pressure. In this state he succeeded in reaching home, Sept. 2d, and from my notebook I transfer the following record of his condition at that time.

"Pulse 110, and soft; respiration, digestion and urination unimpaired; appetite poor; restless and wakeful, requiring at night from 60 to 100 drops of "McMunn's elixir" to procure any sleep; at times troubled with erratic pains in various parts of the limb, but which are easily relieved by local anodynes, and gentle frictions; sweats immoderately during sleep, but at other times the skin feels natural as regards temperature and moisture. There are no exacerbations of fever, neither has there been, during the whole course of disease, any well-marked general symptoms of acute inflammation.

"Much emaciation exists, generally, but especially on the side affected, from the groin downward. The circumference of the right side of the pelvis is about three inches larger than the opposite. A hard swelling can be felt under the edge of the ilium, of an unyielding hardness, while the swelling over the ilium is softer and elastic to the touch. Posterior, to the distance of six inches from the edge of the ilium, nothing abnormal seems to intervene between the bone and the surface.

"Sept. 25th.—Wishing to determine positively the nature of the case, an exploring needle was inserted to the depth of three inches, in two places, into the posterior swelling. It felt like penetrating new cheese, and nothing escaped but blood slightly sanious, and which did not coagulate. The increase of difference of comparative size, at this time, is six inches.

Subsequent to the above record, the disease steadily progressed, without any amelioration from medicine, except what was obtained from anodynes, until he sunk by exhaustion on the 16th December; all the vital functions being but slightly disturbed until a few days before death.

Post-mortem Examination, 12 hours after death; present Drs. Dickinson, Field and Weston, of this city. Extreme emaciation; observed the right lower extremity to be five or six inches shorter than the other. After opening the abdomen, by an incision extending from the sternum to pubis, and then by a transverse incision to the usual place of acetabulum, and dissecting back the flap thus formed, an enormous encephaloid tumor was exposed, behind the peritoneum, but pushing that membrane before it until its prelumbar surface occupied the median line of the body. All the normal tissues, including the lumbar and psoas muscles, were obliterated and absorbed in the great morbid mass. The bones of the pelvis seemed to have undergone the same *eremacausis*, for nothing remained of the right side of the pelvis, except a portion of the crest of the ilium, the spine of the pelvis, and the tuberosity of the ischium; and these remains were involved with the tumor, and completely *honeycombed*. The acetabulum having been entirely absorbed, the head of the femur was drawn within the body, and a portion of it, about the size of a half dollar, embracing the insertion of the *ligamentum teres*, was absorbed and carious. The cæcum was forced to-

wards the centre of the abdomen ; and the right kidney was thrust upward, and occupied a transverse position to the spine. The neck of the bladder was surrounded with the disease ; but owing, possibly, to its soft consistence, it had not interfered with the calibre of the urinary passage. Indeed, there was no space within the right side of the pelvis, but what was occupied with the morbid growth, to the dislodgement or destruction of every organ naturally belonging to that cavity.

There were found some adhesions of the surface of the liver, as well as that of the descending colon, to the opposite peritoneal surfaces, which were considered to be of long standing, and the result of some former disease.

The nature of the tumor was decidedly *encephaloid* ; it had the color and consistence of the medullary part of the brain ; and when placed on the field of the microscope, it exhibited the angular and caudate cells of that malignant disease. A mass of the disease, sufficient to fill a wash-hand basin, was removed ; and, judging from the weight of that, and from what appeared to remain in the body, the whole must have weighed, at least, fifteen pounds.

The causes which seemed to have invested this case, in its early stage, with more than usual obscurity, were—its locality ; the absence of every known hereditary taint ; the apparent exemption of the patient from any antecedent symptoms of strumous or carcinomatous disease ; and likewise the perfect assimilation of the symptoms of its early stage to those of sciatica. The disease originated, undoubtedly, within the basin of the pelvis, posterior to the peritoneum ; in the neighborhood, and involving in some way, either by contiguity or aggregation, the sciatic nerve. Before the tumor was detected by manual examination, beneath the edge of the ilium, it had absorbed a circular portion of that bone, and forced itself through the opening, thus made, pressing upon the inner surfaces of the gluteal muscles, and exhibiting, by its prominence and elasticity, the appearance of an abscess ; a deception, which, although suspected, was only entirely removed by exploration.

Bangor, Me., Jan. 8, 1855.

D. McRuer, M.D.

CASE OF EARLY LIVE BIRTH.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Boston Medical and Surgical Journal for Nov. 15, 1854, there is quoted from the Edinburgh Monthly Journal of Medical Science, the case of a fœtus born *alive* in the fourth month of pregnancy, which lived, or manifested signs of vitality, for nearly an hour. I have recently met with a case scarcely less remarkable, and herewith send it to you.

On the 26th of December last, I was called to attend a woman in labor, who had previously miscarried three times. She was in the sixth month of gestation, having last menstruated on the 5th of August. When the fœtus was expelled, pulsation in the cord was strong and regular, and the movements of the child quite lively. The pulsation

ceased in a few minutes, and I then tied and cut the cord, and extracted the placenta without difficulty (there had been very little hemorrhage previous to the birth). The child cried a little, or attempted to, and breathed with a good deal of vigor; moved its limbs, and acted like a great many other feeble, premature children. Not supposing that it would live beyond a few minutes, I neither weighed nor measured it. Its eyes were closed, but mouth was open, and the old nurse who was in attendance subsequently assured me that the child had actually swallowed a little sugar and water. This, of course, I do not vouch for. I had the specimen wrapped up first in cotton batting, then in a flannel petticoat, and laid on a bench by the stove. At my visit next morning, on making some inquiries, I found that the child had actually lived, breathed and moved, occasionally giving utterance to a feeble cry or moan, for ten hours.

I do not know, Messrs. Editors, that this case is of any special practical importance, but it may possibly have hereafter some bearing, in a medico-legal point of view, and I therefore submit the simple statement of the fact while fresh in my memory, that you may make such disposition of it as you may think proper.

W. B. CASEY.

Middletown, Conn., January, 1855.

DEATH FROM FRACTURE OF THE INFERIOR MAXILLARY BONE.

[Communicated for the Boston Medical and Surgical Journal.]

ON the morning of Thursday, the 30th ult., S. M., a seaman, 43 years of age, much shattered in constitution, while riding upon a load of hay which he was driving, two miles below Rough and Ready, the team took a sudden start, precipitating him from his seat to the ground in front of the forward wheels of the wagon. One of them passed over his head, causing a severe fracture of maxilla inferior; the line of solution commencing about the eighth of an inch to the right of the symphysis, running downward and inward, obliquely, and departing about half an inch from a perpendicular line. My old friend, Dr. Crather, was called upon at Rough and Ready, who adjusted the injury, whereupon he was brought to the house of an acquaintance, half a mile from this place.

Friday morning, the 1st inst., I was called upon to continue the treatment of the case. As a portion of the dressing was ill borne, we changed it, attaching the teeth with dentists' silk, and employing the four-tailed bandage in the usual way. The jaw, however, was the most miserable specimen of osteology we ever saw, to become the subject of fracture. The upper teeth, in toto, save an incisor snag, were wanting, and pieces of cork, though of little avail, were used in their stead. Here let me remark, from outside cases, as well as from a most pertinacious employment in this, of every ordinary mechanical means, to retain the fractured portion of the maxilla in situ, that in such distorted conditions of the mouth, as that referred to above, no mechanical appliance will succeed in causing a cure without deformity, save apparatus like, or on the principle of, that of Lonsdale.

On Saturday, S. M. experienced a severe paroxysm of ague, lasting an hour and a half. Residing in the valley of the Sacramento for many months, he had been subject to chills and fever. For this I administered quinine. Sunday he seemed to be getting along well, and I hoped for a successful issue of the case, intending to use the apparatus of Lonsdale, as soon as there was sufficient abatement of the inflammation and swelling, which was not more than usual. There was entire absence of pain, and little tenderness on pressure of the parts.

Monday, Dec. 4th.—Patient seems to be doing well; no untoward symptoms; pulse a little weak, but regular. Observed some œdema beneath the tongue, which, he remarked, caused slight inconvenience in swallowing. Requested a tube, whereby to obtain drink and nourishment, with which I promised to furnish him, of gum elastic.

Early Tuesday morning the messenger came in town for a coffin, informing me that death had overtaken my patient at 2 o'clock in the morning. I was somewhat startled at this intelligence, and the cause of death interested me; inasmuch as, the day before, he was sitting up, and able to walk across the room. Besides, being a man of good sense, and considerable education, he communicated his symptoms, and made interrogations in relation to his misfortune, the time required for recovery, &c., with facility, in a legible, firm, and steady hand writing. Requesting the companionship of Dr. Wm. McCormack, of this place, we proceeded to the case to make a post-mortem. Incisions were made in the region of the fractured bone, which more fully illustrated the nature of the injury, and demonstrated satisfactorily the cause of death. Constitutional prostration, superinduced by a life of physical abuse, and the long continuance of ague and fever, already fitting the tissues for general effusion, together with the injury done the soft parts by the crushing of the wagon wheel, brought about the fatal event, which in ordinary cases would not have supervened. The soft parts were but slightly bruised, having been protected in some measure by the hand; yet, violence, comparatively slight, produced complete atony in the cervical region of this worn-out man, which no means could resist. The cellular and vascular structures became mere receptaculi of serum. The tongue was enlarged, and, uplifted from its common resting place, was thrust against the roof of the mouth; the glottis swelled; the cellular parts about the throat were distended with fluid; the world of relation was cut off from my poor patient forever; breathing had ceased, and he was no more.

This is the first case of suffocation I have ever known, resulting from fracture of the lower jaw. Had I been warned in time, of the perilous condition of S. M., an *attempt* might have been made to save his life, through an opening in the larynx; though death would doubtless have ensued, under any direction of effort whatever, as the parts were utterly unable to resist the shock. It may be asked, with good reason, why the swelling, cellular effusion or local dropsy, was delayed till the seventh day. We would suggest that the local collapse was so great that reaction eventuated with tardiness, and scarcely at all; and when this did occur, the flood-gates were broken loose; the parts on a sudden were

overwhelmed with fluid, without escape—the propulsive powers of the vessel were lost, and thence the result.

This case forcibly illustrates the fact that, in making up a prognosis as to the consequences of an injury, the constitutional power of resisting the effects of violence is as much, or more, to be taken into consideration, than the extent of the injury which may be done.

CHARLES D. CLEVELAND.

Grass Valley, Cal., Dec. 13th, 1854.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 17, 1855.

Connecticut Medical Society.—With the growth and development of the country, institutions, which had a small beginning, expand and assume corresponding importance. Medicine had no elevated standing, in the time of the revolution. It is true there were some excellent surgeons, good practitioners, and their services were in active demand; but schools of medicine were unknown, and societies for collecting statistical information, or for improvement in the healing art, scarcely existed. In a comparatively short period, medical colleges and societies of every grade and character have sprung up. Even in the new states and territories, associations for mutual improvement, or for keeping empiricism at bay, are promptly organized with the settlement of towns. In a word, medical science in the United States is progressive. From nothing, it has become great and influential, and its regularly constituted chartered associations are both numerous and beneficial. Among the number that in New England have attained distinction, is the Connecticut Medical Society, which has reached the venerable age of sixty-two years. It would be a long story to sketch its origin, or portray the good it has accomplished. We must therefore confine ourselves to the report of the transactions of the last anniversary meeting, in May, 1854, which has just reached us. Wm. H. Cogswell, M.D., is president, who has associated with him gentlemen extensively known for their professional attainments. Dr. Nathaniel Dwight read the first dissertation before the society, in 1800, and Wm. B. Casey, M.D., that of 1854. Besides a large amount of local intelligence in regard to medical and other matters in the State, a code of medical ethics, certain acts of the legislature, and a biographical memoir of Archibald Welch, M.D., and of Richard Warner, M.D., are comprised in the pamphlet. To give a completeness to the whole, an essay on diseases of the cervix uteri, by Dr. Casey, closes the eighty-three octavo pages. After-ages would have a plenty of material for constructing an elaborate history of medicine and surgery in North America, if each year furnished such detailed accounts of the labors of every association.

Hard Times.—Every trade and profession seems to be joining in the universal chorus of *hard times*. It is always hard in the practice of medicine, and particularly so when patients neglect to pay their bills. In common with others, who feel an unusual business pressure, physicians come in for a share, as there is less to do than usual, and no way of collecting, easily, their past earnings.

Another Suit for Mal-practice.—Dr. Wm. H. Thorndike, a young and promising physician of this city, has been subjected to a vexatious suit, for alleged mal-practice. The case is now on trial in one of the Courts of this County, and until it is finished we are unable fully to state its merits. From what we are able to learn in the matter, it appears that a Mr. Rice, a ship carpenter, nearly severed one of his toes by an axe, cutting obliquely through the bones, and leaving only a small attachment of the skin. The Doctor thought proper to amputate it; and according to the testimony of scientific surgeons in this case, it would appear that he acted judiciously. The loss of a single toe cannot be considered a very grave lesion, or a serious deprivation; and *if* the plaintiff should be awarded damages by a jury, it must be a small sum. At any rate, they will never award *five thousand dollars*, the sum asked for. Our opinion has been often and freely expressed relative to this method of persecuting physicians and surgeons. If such suits are to be vindictively brought against the members of the profession, we shall urge the necessity of some action by the State or National Medical Associations, to protect the profession. We shall look forward with much interest to the result of this trial. It is a long time since a suit for mal-practice was brought against a regular practising physician of this city.

Since the above was in type, the case referred to has been decided by a verdict in favor of the defendant. In addition to this verdict, we are gratified in being able to state that a resolution, signed by each of the jury, was handed by the foreman to the defendant, and read as follows:—

“*Resolved*, That in the opinion of this Jury, Dr. Thorndike exercised the best skill and judgment in the surgical operation in question, and that he is entitled to the entire confidence of the community in the practice of his profession as a surgeon and physician.”

Bread Making.—As bread constitutes the principal nutritive element for sustaining life in a large majority of the human family, a word or two respecting the modern methods of manufacturing it, may not be considered out of place in this Journal. Although bread has been used from the remotest periods of antiquity, yet to make it sweet and wholesome may well be considered an art. Scientific principles are involved, which have occupied the attention of able chemists, who have investigated the phenomena attendant upon the changes which the flour undergoes, until it finally becomes bread. Simple as the practice may seem, yet every one cannot succeed, and we venture to say, that there are but very few of the great number of persons who make bread, who are perfectly familiar with the laws or principles by which it should be made. When water and yeast are mixed with flour and formed into what is called dough, a certain change takes place in it, which the chemists have termed “*panary fermentation*.” The gluten of the flour is adhesive, and when in the dough, is easily susceptible of being distended by the carbonic acid gas (which was present in the yeast) into little bubbles or vesicles, which phenomenon constitutes the *rising* of the sponge. Certain degrees of heat hasten the process, by the expansion of the gas in the vesicles; but if the dough is allowed to remain too long in a temperature below that which it would be required to bake it, those vesicles will break down, and the mass passes into a state of acetous fermentation. The heat of the oven arrests the fermentation, and further expands the gas in the vesicles of gluten; they of course stretch, and hence the loaf rises in the pan, and acquires its peculiar porous structure. To a

certain extent, the same results are obtained when an alkali and an acid are made use of, instead of yeast; but there is a great difference in the flavor, and also in the healthy quality of the bread. The use of the bi-carbonate of soda and the bi-tartrate of potash, of alum, and also of lime-water, has been recommended in bread-making. We feel compelled to raise our objections to the common use of these articles, believing them to be at variance with the laws of compatibility with the solids and fluids of the body, and having a tendency to interfere with the functions of the secretory organs. Physicians cannot have failed to notice the great increase of disordered action of the digestive and urinary organs within the past few years. This we believe may be attributed to the incompatible substances made use of in the preparation of food. The method of bread-making which is now adopted in many of our *American* families, is, to take two tea-spoonsful of cream of tartar, and one of super-carbonate of soda, to every quart of flour: this is wetted, and baked immediately. Now it must be apparent, that very large quantities of those articles (used at such a rate) would be consumed in the course of a year. There would not be so much injury done, by their use, provided they were used in their purest state; but it is generally known, that three fourths of the tartar sold for culinary purposes is adulterated. We have repeatedly detected, when examining it, the presence of sulphate of lime, and alum, in large quantities. It is also a well-known fact, that bakers of bread make use of alum and sulphate of copper to give a white color to the bread and to further excite a powerful action while the dough is in process of fermentation. And quite lately, lime-water has been recommended to be used to correct the acidity of the dough, if it has passed from the vinous to the acetous fermentation. To conclude, we have only to repeat what we have already said, that we firmly believe that soda, cream of tartar, alum and lime, are not suitable substances to be put in quantities into bread; that they produce many of the diseases of the organs before mentioned; and further, that the old-fashion method of rising bread with yeast, and baking it on the brick floor of the oven, produces sweeter, healthier, and a more nutritious article of diet.

Coughs and Colds.—At this season, and forward into the spring, coughs, of various degrees of severity, are quite common in New England; and because they are so, they are exceedingly neglected. Some of the worst forms of disease, especially involving the delicate texture of the lungs, might have been obviated, at the commencement, by very simple means. Parents should allow their children perfect freedom in the open air, and inure them to the changes of temperature incident to a northern climate, instead of confining them, like exotic plants in a green-house. Young ladies are not half developed with us, before they become pale, languid, have a pain in the side, and then a cough. Before they have fairly begun to live, they drop into the grave, martyrs to thin shoes, a gossamer dress, and a chest made artificially too narrow for the performance of the vital functions. This is the destiny of the rich man's daughters, to a fearful extent. They are frail as a moon-beam, when they might have been strong and healthful. On the other hand, the servant girls, who range over the house, and are perpetually exercising their muscles, have round, handsome arms, a broad bust, a clear skin, fine health and light hearts. It is a melancholy consideration, that civilization should demand such a multitude of female victims, annually, to the shrine of fashion. In consequence of poor training, and a violation of the

most ordinary laws of health, death has a succession of victories over our youth. One of the first intimations of nature's dislike to the course, is a slight irritable cough, which is language not to be misunderstood. Means of precaution should at once be taken, as inroads upon the little air cells of the breathing apparatus will surely follow, and then an ulceration of their walls, and expectoration, and the last act in the drama of a short life will be an incurable pulmonary consumption. One should therefore dress warmly in winter, should run and ride, as circumstances, pleasure or business may require. Air was designed for breathing, notwithstanding the absurd custom, now too prevalent, of excluding it as much as possible from sleeping apartments and drawing-rooms.

Mild Weather.—Thus far the season with us has been unusually mild, and particularly in January. But contrary to the apprehension of those always on the look out for causes of manifest effects, there has been no prevailing epidemic. Fevers are not numerous, nor are there more cases of a typhoid type than common. Smallpox may get the upperhand for a short season, but if the people will be advised by their physicians, a limitation will soon be given to its painful devastations.

Mechanical Surgery.—No triumphs are more surprising than those of modern surgery, which accomplishes, by simple mechanical contrivances, what the old school surgeons either did badly or not at all. Americans are exceedingly ingenious in their devices for managing broken bones, keeping up extension, and patching up unfortunate humanity. Whether another truss is ever to be invented, is a problem, since the variety already patented outnumber the stars. Splints, bandages, dental apparatus, and contrivances for incised tendons, are nowhere more successfully prepared than in the United States. This is not said boastingly, but as a plain statement of the truth.

Mesmerism—Important.—A novel case has just been decided in New York, which involves a curiosity in medico-jurisprudence. A mesmeric physician sued a husband for services rendered the wife in his absence. The Supreme Court says that the law does not recognize the dreams, visions or revelations of a woman in a mesmeric sleep as necessities for a wife, for which the husband, without his consent, can be made to pay. These are fancy articles, which those who have money of their own to dispose of may purchase, if they think proper; but they are not necessities, known to the law, for which the wife can pledge the credit of her absent husband. The law does not seem to have much respect for mesmerism and spirit-rapping as sciences.—*New York Medical Times.*

Medical Men for Emigrant Ships.—By the 15th and 16th Vic., cap. XLIV. sec. 38, every passenger ship is bound to carry a *duly qualified* medical practitioner, in the following cases:—1. When the duration of a voyage exceeds in a sailer 80 days, and in a steamer 45 days, and the number of persons on board (including crew) exceeds 50. 2. When the voyage is to North America, and the passengers exceed 100 adults, and the space for each is less than 14 feet. 3. When, whatever the destination or the space,

the number of persons on board exceeds 500. Penalty, £50. But by the merchant shipping act (1854) clause 219, to come into operation 1st January, 1855, it is provided that the following ships shall carry on board, as part of their complement, some person duly authorized by law to practise as physician, surgeon or apothecary:—1. Every foreign-going ship having 100 persons or upward on board. 2. Every ship having 50 persons or upward on board, which is bound on a voyage from the United Kingdom to the eastward of the Cape of Good Hope, or to the westward of Cape Horn, or to any place on the west coast of Africa, or the east coast of Central or South America, or to the Falkland Islands. Penalty, £100.—*Medical (Montreal) Chronicle*.

Delirium Tremens in a Child.—An Iowa paper relates a fatal case of delirium tremens in a child 4 years old. The little reprobate is said to have been a common drunkard. On the 18th ult., his father, who had been fishing, gave the child a bottle of whiskey to carry, of which he drank too much and was taken very sick. Nervous twitchings, convulsions and delirium soon came on, and in twelve hours proved fatal. It was a terrible sight to see the little fellow screaming at, and jumping from the snakes, he thought he saw.—*St. Louis Medical and Surgical Journal*.

Opiate Inhalations.—Take two grains of powdered opium and as much sugar—an equal quantity of gum benzoin may be added if desired—heat a fire-shovel to a temperature a little short of a red heat, and sprinkle the powder slowly upon the hot shovel held beneath the patient's nose. The fumes may be freely inhaled through both mouth and nose. This treatment is said to afford prompt relief in coryza, with pain in the frontal sinus, and has been successfully used in various neuralgic pains of the frontal, temporal and zygomatic regions, whether of an idiopathic or symptomatic character. In general, however, these affections are complicated with periodicity, and are not likely to subside permanently, without recourse to the anti-periodic treatment.—*Memphis Medical Recorder*.

Medical Miscellany.—Forty-five persons died within the United States during the past year who had attained the age of 100 years and upwards, eighteen of whom were males, and twenty-seven females.—We learn that Dr. Joseph H. Smith, of Dover, N. H., has been appointed by the Secretary of the Treasury, special examiner of drugs, medicines, chemicals, &c., for the Port of Boston, *vice* Charles H. Peirce, removed.

TO CORRESPONDENTS.—Communications are on file from Drs. Bates, Waterhouse, Alcott and Page, and from our friend Lamoille, which will receive early attention.

DIED,—At Perth Amboy, N. J., Dr. Nathaniel Peabody, formerly of Salem, in his 81st year. —In Baltimore, Dr. George H. Gallup, of this city, formerly of Demarara.

Deaths in Boston for the week ending Saturday noon, Jan. 13th, 69. Males, 38—females, 31. Accident, 4—apoplexy, 3—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 16—convulsions, 3—croup, 5—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 3—puerperal, 1—epilepsy, 1—typhus fever, 1—scarlet fever, 2—disease of the heart, 1—inflammation of the lungs, 6—hemorrhage of the lungs, 1—disease of the liver, 1—old age, 3—suicide, 1—scrofula, 1—smallpox, 4—stricture, 1—teething, 2. Under 5 years, 25—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 11—above 60 years, 6. Born in the United States, 44—British Provinces, 1—Ireland, 18—England, 1—Scotland, 1—Germany and North of Europe, 3—Western Islands, 1.

Gum Mezquite as a Substitute for Gum Arabic.—By GEORGE G. SHUMARD, M.D.—Fort Smith, Ark.—This gum (for which I propose the name of *Gum Mezquite*), is believed to occur in inexhaustible quantities, and will no doubt hereafter prove a valuable source of revenue to the State of Texas, New Mexico, and the adjacent Indian territory, besides affording employment to the different tribes of Indians now roving upon the plains, many of whom would no doubt be glad to gather and deliver it to the different frontier posts for a very small compensation.

The *Mezquite Tree*, from which the gum is obtained, is by far the most abundant tree of the plains, covering thousands of miles of surface, and always flourishes most luxuriantly in elevated and dry regions. The gum exudes spontaneously in a semi-fluid state from the bark of the trunk and branches, and soon hardens by exposure to the atmosphere, forming more or less rounded and variously colored masses, weighing each from a few grains to several ounces. These soon bleach and whiten upon exposure to the light of the sun, finally becoming nearly colorless, semi-transparent, and often filled with minute fissures. Specimens collected from the trunks of the trees were generally found to be less pure and more highly colored than when obtained from the branches. The gum may be collected during the months of July, August and September, but the most favorable period for that purpose is in the latter part of August, when it may be obtained in the greatest abundance and with but little trouble. The quantity yielded by each tree varies from an ounce to three pounds, but incisions made in the bark not only greatly facilitate its exudations but cause the tree to yield a much greater amount. As it is, a good collector would probably be able to gather from ten to twenty pounds in a day; were incisions resorted to, probably double the amount might be obtained.—*Western Med. Journal*.

Adulteration of Food and Drugs.—A meeting of medical and scientific gentlemen was recently held, at Birmingham, to consider what measures should be adopted by the Legislature, to prevent the adulteration of food and drugs. The chair was filled by Mr. Scholefield, M. P., who described the progress of the movement for diminishing, if not of entirely eradicating the great evil of adulteration; and stated his intention of moving, early in the next session of Parliament, for a select committee on the subject. The Hon. gentleman at some length pointed out the practices of bakers and others in the adulteration of flour and other articles of food, and the way in which guano and other commodities were rendered worthless by the admixture of deleterious and cheap ingredients. Mr. Postgate stated the results of the analyses he had made of flour, milk, &c., and the danger which arose from adulteration. A discussion followed, in which the statements were corroborated by several gentlemen. After a vote of thanks to the chairman, the meeting separated.—*London Lancet*.

A Radio-ulnar Ligament lately Discovered.—M. Denucé, in a thesis "On the Luxations of the Elbow-joint," lately published, mentions, amongst other things, that near the annular ligament, in which plays the head of the radius, he has, by his dissections, discovered another ligament of about four lines square, inserted, on the one side, upon the neck of the radius, and, on the other, upon the inferior margin of the lesser sigmoid cavity of the ulna. He calls it, *ligamentum quadratum radio-ulnare*; it is supposed to limit the movements of pronation and supination.—*London Lancet*.

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MEDICAL REMINISCENCES.

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THERE are many occasions in medical practice where a thoughtful physician, even of large and prolonged experience, must acknowledge the great difficulty of making a clear diagnosis, or of assuring himself of the true indication. This being the case, it is not wonderful that the fitting memories of early professional achievements should be followed, in after life, with reflections little adapted to sustain the self-complacency to which they had given rise. Self-confidence—and by this term I mean that condition of the mind which results from investigation of the ground of its trust, and may claim fit companionship with true modesty—self-confidence, while it may be indispensable to efficiency in the medical practitioner, should be carefully distinguished from its counterfeit, self-conceit; a quality of mind which is quite ready to assume, though incompetent to discharge, the responsibilities of the former. Ignorance may be compatible, not only with self-conceit, but even with self-confidence; but while the former is incorrigible, the latter will not only profit by lessons of experience, but will search in the legitimate direction for the attainable knowledge which it lacks; and will slowly learn to discriminate between what is attainable, and that which must yet be held as merely hypothetical. Self-conceit will never stop to discriminate, though by its diligence it may become learned, and attain celebrity; while self-confidence, with less learning, may obtain the wisdom, without which, for all practical purposes, learning is nearly useless.

But who can recal the incidents, scattered through the lengthened period of forty years of medical practice, without painful misgivings; without shrinking from the ordeal which might disclose, even to himself, all the consequences of his own haste, his carelessness, his indolence, his negligence, his ignorance, and his false confidence in himself? Are there many that can stand such trial, intelligently, and with operative consciences, unmoved? I trow not; and happy, thrice happy, is he who can. A clear and impartial record of these incidents, open for the free inspection of the profession, would not only constitute an invaluable beacon for the guidance of the medical practitioner, but would prove a rare treasury of facts to medical philosophy; to those who are competent to collate and elaborate its material, for incorporation into that very

imperfect, but still progressive system which we call the "Principles of Medicine." While there are few, very few, who are adequate to the task of writing a book which shall comprise and elucidate these "principles," there are thousands in the profession who only need the will to prompt the deed, and the cultivation of this into habit, to become as truly instrumental in the advancement of medical science, as those who write books. Few observing physicians will fail of meeting, from time to time, some phenomenon of disease, perhaps obscure and inexplicable to himself; some result, following his own haste, blunder or misapprehension; disastrous, it may be, or even propitious, which may be suggestive to others of some important clue for the discovery of unknown truths in medicine.

No incident in after-life has been more fruitful in salutary suggestions to myself, than one which occurred during my own pupilage. In the absence of our preceptor, a message came in haste for his attendance on a near neighbor, said to be *dying* of quinsy. My chum, a fierce and impulsive young man, was evidently preferred as the preceptor's substitute, and hastened, nothing loth, with the messenger; but returned immediately, with a face of alarm, thinking the patient *was* actually dying with suffocation, and anxiously inquiring, "what can be done?" "Puke him, puke him, by all means," was my quick reply; dictated, no doubt, not by any knowledge or thought on the subject, but by resentment of the preference shown to my friend. To my utter amazement I soon learned, for I did not follow him, that I was taken at my word; that in five minutes the young doctor succeeded in forcing some three or four grains of emetic tartar into the patient's stomach, who in twenty minutes after was relieved from threatened suffocation by vomiting, and the bursting of a large abscess in the throat.

The facts in this instance probably were, that puncture of the abscess was impracticable, either from its being really inaccessible with safety; possibly a conceivable case; or, what is more probable, and amounts to the same thing, puncture being impracticable from ignorance or want of efficiency in the medical attendant, the *substitute*, though blindly used, was appropriate and successful.

This incident, though to the intelligent and experienced physician, simply ludicrous, to me, an ignorant and unpracticed novice, was pregnant with hints for my future guidance, of great practical value. The result on my friend was most propitious. He was regarded ever after as *the seventh son of a seventh son*; and during the remainder of our pupilage, all my struggles to regain equal rank with him were abortive. He was no less generous than impulsive; but met an early and a watery grave, in the harbor of Boston, having some connection with the medical department either of the army or navy.

During the prevalence of a somewhat formidable epidemic, or, possibly, *endemic* fever, which was regarded as primarily inflammatory, though with decided adynamic tendencies, and in which depletion by the lancet was a favorite, and probably an appropriate remedy, I was called, at the very onset of the attack, in a case, apparently of great severity. The subject was a plethoric, middle-aged woman, who exhibited the usual

symptoms that had marked the cases I had before seen, some of which had proved fatal. I decided at once on bloodletting, and calling for a bowl, opened a vein by a large orifice; and being inattentive to my proper business, suffered my attention meanwhile to be diverted by General Gossip (who by the way, is a very impertinent and mischievous fellow, though in epaulettes, and I counsel all doctors to cut his acquaintance), till I was reminded by my patient that she was getting faint, when I was just in time to perceive that she was perfectly bleached and pulseless, and see her swoon—and for aught I knew to the contrary, give up the ghost! Truly, this was a consummation as unexpected as unwelcome; and my first impulse was to feel for the gallows-rope on my own neck, which seemed already to be doing its office. A moment thus lost—and all the instincts of medicine, if there are such agencies, were aroused. I should, perhaps, premise, that they had given me a bowl for receiving the blood, of an antique and peculiar shape, well contrived to deceive the eye, its capacity turning out to be much greater than its appearance indicated. I took the dish from the assistant's hand into my own, and by dint of *gravitation* got an effectual hint towards a true diagnosis—all but utter exsanguination. I had abstracted, a fact now acknowledged for the first time, and little suspected by the patient or the attendants, within a very small fraction, four pounds of blood! Well—I beg the readers of the Journal to hear me through; though I have nothing to offer, even in palliation of an act which in strict justice should have banished me from the ranks of the profession. But it is some consolation to be able to say, my patient recovered, in spite of me. She recovered, too, much more rapidly than any other patient I had prescribed for during the epidemic. Of course, there was no lack at the time, of promptitude in the use of all available means to obviate the blunder, such as diffusible stimulants, friction, compression, &c. I have never performed venesection since, without first calling for a *small* bowl.

If it be admitted that I made no mistake in my diagnosis; that it was, as it certainly had every appearance of being, a strongly-marked case of the fever then prevalent, and which all regarded as of a sthenic character; was the rapid recovery attributable to the blunder?

Thursday, 3 o'clock, P.M., visited Mrs. B., 20 to 25 years old; who was looking for her *first* confinement in about three weeks. She called me with the impression that she might need to lose blood. I found her with an easy pulse, lax bowels; but with slight headache, slight vertigo, and slightly-bloated countenance. Finding her, on the whole, very comfortable, the condition of pulse and bowels induced me to decline bloodletting at the time; though I promised myself I would look after the case *in a day or two*. Twelve hours afterwards, at 3 o'clock, Friday morning, I was again called, and found the lady in labor; all very promising, a right presentation, bowels still relaxed, soft pulse; and myself as happy and comfortable as an old rickety chair—when at 3 o'clock, P.M., about the twelfth hour of labor, expecting myself every moment to play usher to a first-born, behold! my patient was in terrible convulsions! I did not look after her “in a day or two,” but opened a vein at once, by a large orifice, from which I took, perhaps, twenty-

four ounces of blood ; after which she sank into a coma, the breathing rather stertorous, with occasional slight but inefficient labor pains. I applied the forceps very soon, delivered the child, which I expected to lose—but forgetting the claims of Mrs. Willard, assumed her prerogative, and varnished my own very symmetrical mouth with the labial alluvium of the breathless baby, blew a blast—and the baby blew back again. So far very good ; and still better, the mother rallied, looked bright, prosperous and happy ; and the attendants and the doctor began, a little prematurely, their triumphant pow-wow—when, lo ! the lady led off, very inappropriately, into strong convulsions again ! I should have said the placenta had been removed without difficulty, and the swathe well applied. A ligature to the arm, with a gush of some sixteen ounces more blood, of course followed ; and as soon as deglutition became practicable, twenty-five *minims* laudanum. This was at 4 o'clock, P.M., Friday ; and to-day, Saturday, mother and child are doing well ; the former evidently entertaining an opinion of my sagacity and professional skill which certainly fails of an easy response in the conscience of her medical attendant, who most probably blundered in omitting bloodletting the day before ; on the whole, clearly enough indicated by the slight headache, vertigo and bloated face, notwithstanding the favorable state of pulse and bowels.

When I commenced this paper, it was my purpose to occupy now and then a leisure hour, in presenting a few *negative* examples from my own practice, for the benefit of others ; the only method of teaching I ever attempted. But really, if it must go on from bad to worse, as it now promises, I fear my own audacity, though somewhat exuberant, will fail me. Will others encourage me by leading in the same direction ?

LAMOILLE.

NEW REMEDIES.

[Communicated for the Boston Medical and Surgical Journal.]

MEDICAL men have been charged with not being alive to the spirit of the age, and it has been said that while continual advancement was made in the other professions, the science of medicine remained stationary. This charge is untrue ; the materia medica is constantly increasing in the number of its articles, offering new remedies for the treatment of diseases, and these medicines being duly tested by the touchstone of practice will receive their just place in the pharmacopœia.

The science of organic chemistry is as yet almost unknown, but already valuable discoveries have been made in separating the “active principles” of vegetables from the woody fibre, starch, &c., with which they are connected in their natural state.

The attention of the profession should be directed more to the use of these “active principles,” which possess so many valuable qualities, and by means of which the physician is enabled to rival the homœopathist in the size of the dose ; and also that the stomach need no longer be the physician’s laboratory, or be so often offended by the nauseous draught.

My object in writing is to call the attention of the profession to the use of the active principle of the plant *Podophyllum peltatum*. The root of this plant, made into a decoction, has for a long time been used in this section of the country in domestic practice, whenever a brisk cathartic was required, and when exhibited in this form it was apt to produce uneasiness in the stomach and bowels. About eighteen months since, I commenced the use of Podophylline, having for a long time desired an article which would act as an alterative in arousing the secretions in the same manner as mercurials, and yet have none of the unpleasant and disagreeable effects of these medicines. By continued watching of the operations of this medicine, among persons of every age and temperature, and in both sexes, I have come to the conclusion that in Podophylline we have the desired alterative, without any of the dangerous or disagreeable effects sometimes caused by mercurials.

I have used Podophylline with the greatest advantage to the patient in all those cases where some of the various compounds of mercury were formerly recommended, for the purpose of arousing the action of the great secretory organs, and especially those of the liver. In cases of habitual costiveness, this remedy has acted like a charm, its effects remaining some time after ceasing its use. In one case, where from chronic functional disease of the liver an habitual costiveness was produced, which had formerly been treated by drastic cathartics, purges, calomel, blue pill, &c., it yielded to the daily use of one eighth of a grain of Podophylline for a month, and for six months the patient was entirely exempt from her former difficulties; and these returning again, the same medicine was given, with its former success.

As an alterative, this medicine excels all of the mercurials; and the following are the forms in which I administer it:—*R.* Podophylline, gr. j.; ipecac. pulv., comp. ext. colocynth, āā grs. iv.; syr. acacia gummi, q. s. *M.* Ft. 8 pills. *S.* One to be taken every evening. *R.* Podophylline, gr. j.; ipecac. pulv., grs. v.; hyoscyamus ext., q. s. *M.* Ft. 20 pills. *S.* One to be taken every morning and evening. In infants, when the bowels are sluggish and an alterative is indicated, the following prescription is used:—*R.* Podophylline, gr. ss.; sach. alb. pulv., ʒij. *M.* Divide into 24 or 32 powders. *S.* One to be taken at night.

WM. R. BATES.

Morris, Otsego Co., N. Y., January, 1855.

REMOVAL OF A FIBROUS TUMOR FROM THE TONGUE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As the following case contains several points of interest, I send you a brief report, from notes taken at the time, for publication.

Wm. Canney, of Exeter, æt. 16 years, in good general health, came to me, with his father, wishing my advice in respect to a tumor situated on his tongue. The tumor was first noticed about three years previous, then of small size, but increasing gradually since, until the time of my

seeing it, when, from its *size*, it caused him great inconvenience. His face was somewhat enlarged on the right side, in consequence of the enlargement of the buccal cavity to accommodate itself to the slow yet steady growth within. On examining the tongue, I found a tumor of considerable size situated on the right side of its upper surface, at the same time inclined to the side, so as to push the substance of the organ to the left, and compress it to very narrow limits. The tumor was of considerable firmness, somewhat elastic, and very well defined, anteriorly, at the distance of an inch from the extremity of the tongue, when the organ was in a state of rest, and not appearing to implicate its structure; but posteriorly, it seemed to be combined with the substance of the tongue, and not so well defined. Injected vessels, of large size, were running over its posterior surface, and extending along its borders; otherwise the skin appeared to be healthy, though much stretched. It had caused him no pain, but within a few months there had been some soreness at its upper part. Different opinions had been expressed by physicians, who had previously examined the case, relative to its character and probable termination.

After a careful examination, I diagnosed a fibrous tumor, and prescribed removal, as the only means of relieving him from such a barrier to speech and deglutition, and also from the inevitable consequences, should it thus be allowed to remain. Accordingly, on January 23d, 1854, chloroform having been administered, I proceeded to operate, by first passing a strong ligature through the end of the tongue, to secure its movements; I then directed an assistant to draw the tongue forward and to the left, thereby bringing the tumor as far towards me as was practicable, and plunging into it a hook, I made a semilunar incision along its side, and another along its superior border, including, between the two, all the integuments except what was considered sufficient to close the wound. The anterior portion was easily separated from the parts beneath; but posteriorly, it was found to involve the substance of the tongue, so that I was obliged to carry the dissection deeply into the organ, in doing which, the lingual artery was divided, and sprung furiously. The tumor was immediately removed, and the artery seized with a forceps. A ligature was applied and knotted, by means of a thumb forceps in each hand; an operation obviously attended with some difficulty, from the situation of the vessel, but which I preferred to other methods usually resorted to under like circumstances. After the hemorrhage had been arrested, the wound was cleansed and brought together by three points of interrupted suture, and the operation finished; the whole time occupied being only a few minutes. The wound healed kindly; so that in fifteen days after the operation, he was able to attend his school, and read aloud tolerably well.

The tumor, after removal, was of an ovoid shape, two and a half inches in length, one and three quarters in breadth, and weighed twenty-two pennyweights. Microscopic examination proved it to be of a fibrous structure, involving but not invading the muscles with which it came in contact. Slight traces of fat were found in its central portion, where it was of a brownish color; but nothing malignant could be detected about it.

I saw the patient a few days since. There yet remains, at the posterior part of the cicatrix, a slight depression, and the tongue is somewhat confined, by the cicatrix, so as to prevent the protrusion or retraction of the right side of it, to that extent which it would otherwise be capable of; but in all its usual movements, as in masticating, or even in speaking, it causes him but trifling inconvenience.

Exeter, Me., Jan. 5, 1855.

A. WATERHOUSE.

SAL ERATUS.

BY W. A. ALCOTT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Some of your readers may have thought the assertion I made, several weeks since, concerning the deleterious character of sal eratus, a little too strong. Such individuals, if such there be, may do well to consider the following facts, the truth of which could, if necessary, be attested by three as competent witnesses as the Commonwealth can boast.

About the year 1835, a disease broke out in a boarding house in Williamstown, Mass., from which thirteen out of fifteen boarders suffered severely, and a fourteenth slightly. Two of the whole number died. The tendency to sphacelus was so great that blisters could not be safely applied, and the vitality of the first passages was so much reduced that no laxatives could be borne. In short, so alarming was the disease that the house became known for some time as the *pest-house*.

No other cause could be assigned for the appearance of this strange disease, than the sal eratus which was used in the food. This was, in quantity, enormous. And one evidence that the cause assigned was the true cause, was found in the fact that the two individuals who either partially or wholly escaped the disease, used but little of it. They utterly refused some articles in which it abounded; and everything that contained it, they used with great caution.

Now if large measures of this narcotic—for such, Prof. Nathan Ives, of the New Haven Medical College, used to call it—are able to produce such alarming and fatal results, can smaller measures of the same article be wholly innocuous? And may not a large proportion of the infantile and juvenile mortality of the United States, at the present time, be fairly attributable to this source? If we kill 300,000 children, under 10 years of age, every year, may it not be that we kill 100,000 of them with sal eratus?

I will append to the foregoing another important statement. I was in West Fitchburg a few years since, at a school-house, lecturing on the laws of digestion. Having incidentally stated, during the lecture, that it was no uncommon thing for New England families to use, in cooking, ten or twelve pounds of sal eratus annually, I was taken to task, at its close, by a gentleman of high standing in that neighborhood, for not placing the *maximum* of the domestic consumption of this article high enough. “Why,” said he, “our family use fifty pounds of it in a

year." "How large is your family?" I asked. "Ten persons in all; including two or three boarders," was the reply. His wife interrupted the conversation by saying that Mr. P. was mistaken. A dialogue ensued between them, which ended with the conclusion that their yearly consumption of the article was twenty-five pounds.

It is useless to conceal, or attempt to conceal the fact, Messrs. Editors, that we are a sal-eratus eating community. Nor is it to be longer concealed that our annual mortality is greatly increased by it. Must we not, then, speak out? Or must we be still, and see people die, when we might, perchance, save them?

January, 1855.

A SINGULAR CASE OF MORTIFIED BOWEL.

BY M. N. PHILLIPS, M.D., BELMONT, MISS.

THE subject of this report was a negro woman, aged about 25 or 30 years. She first complained of pain in the bowels in the spring of 1853. This pain was attended by a rumbling noise, showing the existence of flatus in the bowels; at the same time there could be felt near the umbilicus, but generally on the left side, a hard substance; its shape at one time would appear almost round, like a ball, and at other times would seem to be several inches in length, and about the thickness of a distended colon. The pain, rumbling noise, and spasmodic condition of the bowel, would continue a few minutes and then cease. On some days these attacks would come on several times, but other days they would not be perceptible at all. For the most part they caused so little disturbance of the system, that the woman was able to do good work for the greater portion of six months. During this time no special treatment was pursued, and but little attention was paid to her situation; for she suffered but little inconvenience from these attacks. Some time in December, about eight months from the first attack, Dr. Ellis, of this place, in company with myself, examined her. We had no difficulty in ascertaining that there was a fluid in the abdomen, and in producing fluctuation, which we supposed to be in the peritoneal cavity. We therefore pronounced it a case of ascites, and she was treated accordingly. But the cause of the hard substance, or its pathological nature, was not so plain, nor could we come to any satisfactory conclusion about it, but supposed it to be a spasmodic condition of the colon. Under the treatment for dropsy, the woman improved for three or four months. The quantity of water was much lessened, and the fluctuation less perceptible; and the spasmodic condition of the bowel, and the rumbling noise that generally accompanied it, were less frequent and less perceptible. The same treatment was continued for about two months longer, but no benefit seemed to attend it. Slight fever then set up, and the pain gradually increased, which seemed to be mostly in the left iliac region. From this time on she was treated for inflammation of the bowels, but she grew worse all the time, and for three weeks previous to her death the pain was intense in both iliac regions, but the rumbling sound could

not be heard, nor could the hard substance be felt. She died on the 10th of August, and was examined about twelve hours afterwards, by Drs. Moore, Ellis and myself. Upon laying open the abdomen, and dissecting out the intestines, the colon was found to contain a great quantity of *small bones*. The bowel was filled with them for several inches at two different points, namely, in the cæcum and a portion of the ascending colon, and also in the iliac colon or sigmoid flexure. The portions of the bowel where these bones were lodged were in a state of mortification; some of the bones had even passed out of the bowel, through its gangrenous parietes; the mortification on the left side extending as high as the splenic flexure of the colon. There was some unnatural adhesion of the peritoneum to the walls of the abdomen; but no destruction, or mortification, except in those parts covering the gangrenous bowel.

The other abdominal viscera presented no abnormal appearance, nor did the pelvic viscera exhibit any marks of disease. As there were no symptoms during life that indicated any disease of the brain, or the thoracic viscera, no examination of them was deemed necessary. Some of these bones were at least three fourths of an inch in length, and by comparing them with the bones taken from a chicken's foot, they seem to be the same. Others of them were of different shapes, as though they had been broken by mastication.

Whether these bones had been in the bowel from the commencement of her attack, or were swallowed a short time before the rise of fever, may admit of some argument; but from the fact that the symptoms were nearly the same at the commencement of the disease as a few months before her death (with the exception of the dropsical tendency), and from the fact that the rumbling sound and spasmodic condition of the bowel recurred at intervals until three weeks preceding her death (at which time, in all probability, the bowel, from its high state of inflammation, had lost its contractile power), I infer that some of the bones at least had existed there from the beginning of the attack, and gave rise to the spasm of the bowel, and all the phenomena and train of symptoms that followed.

A similar case to the above never having come within my knowledge before, its novelty must plead my excuse for reporting it. For although a correct diagnosis of the disease might not avail anything, yet it will not be denied that it is a great satisfaction to be able to ascertain its true pathology.—*Memphis Medical Recorder*.

ON CHARCOAL AS A DISINFECTANT.

BY G. J. BARFORD, ESQ., ST. BARTHOLOMEW'S HOSPITAL.

THE substances with which we are acquainted as disinfectants or deodorizers are, chlorine, chloride of lime, lime, charcoal, &c., each of which possesses this power to a certain degree, but not all acting in the same manner. The disinfecting power of chlorine depends on its affinity for hydrogen; thus decomposing water or aqueous vapor; by uniting

with the hydrogen, while the nascent oxygen oxidizes the organic matter, so that unless aqueous vapor is present, chlorine loses a great part of its disinfecting powers, and simply disguises the noxious effluvia, and is itself an irritating, offensive, and corrosive substance. Chloride of lime acts by the oxidation of the putrescent matter; but to do this effectually it requires the presence of an acid; thus, unless a considerable quantity of carbonic acid is present to decompose the hypochlorite of lime, and give rise to the evolution of hypochlorous acid, the chloride of lime will do but little as a disinfectant. Lime acts by the absorption of carbonic acid and sulphuretted hydrogen, leaving other noxious gases unaltered. Thus they are all open to serious objections; but the one which practically will be found the most effectual, I believe, has received the least patronage—this is *charcoal*, a body whose disinfecting power has long been known, but its mode of application has been quite neglected.

Dr. Stenhouse lately called attention to his very ingenious ori-nasal respirator, which depends on charcoal for its efficacy, the action of which is given in the *Journal of the Society of Arts* for February, 1854; the respirator having been noticed in the *Lancet* of November 25th, I need only mention it as an instance of the powerful disinfecting power of charcoal; but at once call attention to the plan I have adopted in the application of this agent as a disinfectant, bearing in mind the results of Dr. Stenhouse's experiments, which prove that charcoal not only absorbs noxious vapors and putrescent odors, but at the same time oxidizes them; or, in other words, makes them undergo a slow but sure combustion, which must have its end in the conversion of deleterious gases into compounds whose physical and chemical properties would admit of an easy separation or removal from their bed of formation, and which on evolution would not be the least deleterious. I therefore, previous to its use, heated the charcoal thoroughly in a covered crucible, with a small hole in its lid, to allow any oxidized material which it might contain to escape, taking care not to have the hole sufficiently large to allow the charcoal to undergo combustion; when thoroughly heated it was allowed to cool, so that on exposure to the air it should not oxidize; in this state it was put into shallow vessels, and placed wherever putrescent odors existed, and in a few minutes the whole of the smell disappeared; but in a day or two the charcoal lost its power. I then thoroughly heated it again, with the same precautions as before, and placed it to perform its duties a second time, which it did with as much efficacy as on the first application; thus, by the repeated cleansing of the charcoal every or every other day, it does not deteriorate, but the same quantity will effectually remove noxious gases for an indefinite period of time.

With Mr. Holden's permission I was enabled to give it a most perfect trial in the dissecting-rooms of St. Bartholomew's Hospital, which at this time of the year must abound in noxious gases and putrescent odors, thoroughly heating the charcoal, and placing it in shallow vessels about the rooms. It acted so promptly, that in ten minutes not the least diffused smell could be detected. So quick and effectual was its

action, that arrangements are being made for its constant use. It answers just as well for a purifier of water-closets, drains, wards of hospitals, and sick-rooms. As a purifier of hospital wards, both civil and military, it might be applied with great advantage, saving patients from the unpleasant smells and effluvia from gangrenous sores, and for this purpose a wire-gauze construction, containing the charcoal, might be made to surround the affected part at some distance from the dressing; thus the patient himself, and those in adjacent beds, would not be subjected to the influence of the putrescent odors. All these the charcoal would effectually absorb, doubtless with advantage to the patient and his neighbors also. Other quantities of charcoal might be placed in shallow vessels about the wards, and purified every morning as above mentioned. Being at the command of the poor as well as the rich, it admits of universal use; and though it may be objected to as a purifier of the wards of hospitals and chambers of the sick, under the fallacious notion that it would emit carbonic acid, and also on undergoing its daily cleansing would again give off the absorbed gases, yet this notion can never enter the minds of those who understand its action, seeing that carbonic acid cannot be generated unless the charcoal is heated in free contact with the air. This is prevented by having a covered crucible, in which it can be heated to any temperature without undergoing combustion; and the supposition that the absorbed gases are given off again when the charcoal is heated, will be removed by the fact, that they are all oxidized and converted into sulphuric, nitric, carbonic acids, and water, &c., and the heating of the charcoal is for the whole and sole purpose of removing these bodies, which exist in so small a quantity that they could not be the least prejudicial, even if driven off in the centre of an inhabited room, but, of course, they all pass up the chimney. Thus charcoal is more efficacious than any other disinfectant, when applied as above described, absorbing gases of whatsoever kind not requiring the presence of any other substance to resist its action, but without stint or scruple collecting noxious vapors from every source, not disguising, but condensing and oxidizing the most offensive gases and poisonous effluvia, converting them into simple, inert, stable compounds; it is simple and economical, coming within the reach of the poorest, and can safely be placed in the hands of the most ignorant, thus combining advantages not possessed by any other disinfectant.—*London Lancet*.

A CASE OF HEMERALOPIA.

BY J. BROOKE, M.D., OF CHESTER COUNTY, PA.

W. Y., æt. 54, was attacked with night-blindness early in May last. The disease commenced with a slight dimness of vision, which came on as soon as it began to grow dark in the evening, and continued until daylight the next morning. This continued to increase, but for some weeks it was not so great as to prevent him from walking out on a tolerably clear night. At length, however, vision became almost completely

destroyed the moment it began to grow dark, and the dimness continued until a late hour in the morning.

The patient could see, though imperfectly, by the light of a bright lamp; but he was unable to find familiar places by the unclouded light of the full moon. On one occasion, being overtaken by a clear moonlight night, when but a short distance from home, he was obliged to procure a lantern in order to find his way thither.

The eyes were perfectly natural in appearance; the pupils obeyed the stimulus of light; there was no pain, or other symptom to indicate the existence of inflammation or congestion, and the general health was as good as usual. Upon consulting numerous authors upon the subject, I found that no special plan of treatment was laid down, the disease being said to often subside spontaneously in the course of a few weeks. Blisters were applied to the temples, and left open for some time; small doses of the precipitated carbonate of iron were administered, and the patient not allowed during the day to expose his eyes to a bright light. Mild laxatives were tried, but in consequence of the bowels being naturally very irritable, their use had to be abandoned.

This plan of treatment was continued for several weeks, without the slightest amelioration of the disease; on the contrary, it appeared to be on the increase. The view now taken of the pathology of the case was, that it depended on a morbid diminution of the excitability of the retina, or optic centre, or of both; and that this excitability being almost completely exhausted during the day, the feeble light of evening was incapable of arousing it, and, of course, imperfect vision would be the result.

In accordance with this view, and with the well-known fact that nuxvomica acts as a stimulant to the nervous centres generally, its administration, in the form of the alcoholic extract, was commenced. The dose given was one third of a grain, repeated three times per day. This was continued for more than a week before it produced any symptoms indicative of its operation upon the system, the disease remaining during this time in statu quo. As soon, however, as it began to produce slight twitchings and rigidity of the muscles, the disease began to give way. Vision continued perfect until a later hour in the evening, and was more distinct throughout the night. The medicine was continued in diminished doses for a short time, and at length suspended altogether, some effects of its action still continuing, and vision gradually improving, until in a short time it was as perfect as ever. The medicine was resumed in about two weeks, in consequence of a slight relapse, which was caused by too long exposure of the eyes to bright sunlight; as soon as its constitutional effects were produced, the disease disappeared and has not since returned.—*Medical Reporter.*

A CASE OF PREGNANCY SIMULATING ASCITES.

BY CH. F. J. LEHLBACH, NEWARK, N. J.

THROUGH the kindness of my esteemed preceptor, Dr. John F. Ward, I am enabled to communicate the following case, which occurred in his

practice, some weeks ago, and which, I think, may prove interesting to the profession.

Mrs. R——, native of Germany, æt. 40, had previously been of good health, though her constitution was somewhat enfeebled by ten confinements. About five months ago, she states to have lost her menses, which she attributed to pregnancy. Nothing unusual occurred, until about six weeks ago, when she observed the abdominal enlargement to become much more extensive than she was used to observe in her previous pregnancies. She paid, however, no particular attention to this, until a few days afterward, when the distension of her abdomen had increased to such an extent as to disable her from walking about, and to cause difficulty of breathing.

The patient now became alarmed, and sent for a physician. The physician, Dr. Ill, who was called in at that time, detected well-marked fluctuation over the whole abdominal region, which was not discoverable however some two inches above the pubic region. The pulse was small and frequent, and the patient suffered greatly from difficulty of breathing. The abdomen was somewhat tender on pressure, bowels constipated, urine scanty and high colored, and she was troubled with excruciating pains in the small of her back, which greatly disturbed her sleep. The stethoscope was applied over the abdomen, but no sound of the action of the foetal heart could be obtained. The woman, however, stated positively that she had distinctly and unmistakably felt motions on several occasions. There was no trace of œdematous swelling of the feet and legs.

The case, under these circumstances, was diagnosticated as one of ascites, with the probable presence of pregnancy, and consequently sudorifics, diuretics, and the whole array of hydragogues, cream of tartar and digitalis, were at once brought to bear upon the case, but without apparent effect. The woman grew worse every day, and the abdomen, as well as the general condition of the patient, commenced to assume an alarming aspect. At this juncture, a consultation of the three attending physicians (Drs. Ward, Ill and Nadler) was held, and the question was seriously discussed, whether it was necessary to operate, as no other chance seemed to be left to get rid of the dropsical effusion. It was, however, resolved to wait, and the maxim *expectare et observare* proved a very good one in this case.

Three days after the consultation, the husband of the patient called upon my preceptor, asking him to perform the operation of paracentesis at once, if deemed necessary, as his wife could not any longer suffer in the way she did.

When Dr. Ward arrived at the place, he found, in addition to the above, that the patient suffered much with paroxysms of pains, which seemed to indicate approaching labor. On examination, the os uteri was found to be dilated to the size of a two-shilling piece. The membranes were beginning to protrude, and when they ruptured, there escaped about four gallons, by measurement, of liquor amnii, and soon the patient was delivered of stillborn twins, about five months advanced.

The abdomen at once assumed its natural size, and there was no

trace of serous effusion anywhere. The woman is now in as good health as ever.

What a terrible blunder, if paracentesis had been performed in this case! Not only would peritonitis have probably been excited, but the risk of wounding the uterus would have been very great. Still, the case presented such features, that the most acute practitioner might have been led into error. There was even the question, whether pregnancy existed or not.

This case also presents some interesting features in reference to diagnosis. It proves that an enormous, or rather abnormal, quantity of liquor amnii may render the walls of the uterus so thin that fluctuation may be produced. But, at the same time, the fluctuation did not extend so far down as usual in cases of ascites, probably on account of the more unyielding nature of the cervical portion of the uterus. This case affords another illustration of the golden rule, not to decide rashly, in cases which seem to require an operation. Had an operation been performed, as was suggested, it may easily be imagined what the consequences would have been for the patient, as well as for the reputation of the medical attendants.—*New Jersey Medical Reporter.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 24, 1855.

Abuses in the Retail Drug Trade.—Judging from an article in the New York Times, entitled “Startling abuses in the retail drug trade,” we should think there was much need of reform in the method of doing business among the apothecaries of that city. As many of the remarks in the article alluded to will doubtless apply to other places, we copy a portion of it into the Journal.

The writer says—“Too often, the drug business affords a refuge to those who have failed in other businesses. Men who ‘burst up’ in dry goods, have succeeded in drugs, and got rich on their little quackeries and nostrums. All these gentlemen stick M. D. to their names, and will ‘undertake’ anything, from the manufacture of ‘refined liquorice’ to the ‘embalming of the dead,’ whom they will warrant to keep until the general resurrection.

“These pretenders foist off molasses and water as a blood-purifier, under the name of sarsaparilla. They are sole inventors of some wonderful remedy for coughs and colds. Their cholera and colic mixture is quite infallible, while their venereal remedies, which they, delicately, style ‘vegetable elixirs,’ were never known to fail in effecting a speedy cure.

“Many of these empirics have stores in the meaner districts of the City, and it is astonishing what sums they receive for their ‘advice’ from the poor. They lie in wait for thoughtless sailors, and reckless California passengers, and ‘screw out’ of them large sums for medicines to protect them from the diseases and influences of any climate!

“A great many drug stores belong to physicians; but as it is considered rather *infra dig.* to be connected with a store, they usually carry on a ‘shop’ under another name. In such cases they avail themselves of the services of some unfortunate foreigner, whose necessities compel him to accept of

from \$3 to \$5 a week, the usual pay of drug-store clerks for seventeen hours' attendance daily for six days in the week, and nineteen hours on Saturday.

"There is more ignorance or rascality displayed in the drug trade than in any other. The quantity of spurious drugs which is introduced daily into New York is immense. Besides, the adulterating of drugs is carried on as a regular business in this City. It is only a short time ago since an advertisement appeared in one of our cotemporaries for upwards of a week, 'for a person acquainted with the adulteration of drugs.' No doubt the advertiser had, to use a business phrase, 'a host of applicants.' The sale of these adulterated drugs proves one of two things: First, that the retail druggists, being ignorant of their business, buy these drugs as genuine of the wholesale houses; or that, being acquainted with their business, they buy them for the sake of the extra profit which such drugs will fetch. It is not uncommon for even 'respectable' druggists to 'palm off,' at sixpence an ounce common senna, which costs fifteen cents a pound, for Alexandria, which costs from seven to nine cents a pound extra. Three hundred per cent. profit would satisfy most traders, but the druggists go in for from four to five hundred per cent., and as much more as they can get, but inasmuch as a great part of their stock is perishable, and they are obliged to keep a large assortment for which there is very little call, this percentage is not as unfair as may at first seem."

As for the doctors, we knew that they had many sins to answer for, but we were unprepared to hear such statements respecting their incompetency, as are found in the following extract from the *Times*.

"It might be supposed that our medical men would confine themselves in writing their prescriptions to the nomenclature of that very able work, the *United States Dispensatory*. Such, however, is not the case. It would be difficult to say where many of them picked up their Latinity. It would astonish the men of a much later period than that of Cæsar or Cicero.

"We have recently had access to upwards of two thousand prescriptions. About fifteen hundred of them showed that the writers were entirely ignorant of the declensions to which the various nouns used belonged. Many of them were written in pencil, and almost illegible. If a medical man be applied to in bed for a prescription, he may be excused for using a pencil, but in no other situation. Before a prescription reaches an apothecary it is, not uncommonly, well creased and thumbed, and, if in pencil, next to illegible. No patient who is able to pay his physician should accept from him a prescription in pencil, or one which is indistinctly written. Such lead only to mistakes.

"When an erroneous prescription is presented at a drug store, the prescription, if the druggist be ignorant of his business, is made up exactly as it is written. If the druggist knows the nature and quality of medicines, the prescription should be sent to the physician to be corrected. But as no professional man likes to be convicted of an error, it is very seldom that he hears of his own mistakes. A conscientious apothecary informed us that when he first commenced business, he made a practice of sending all erroneous prescriptions back, but as he invariably lost the custom of the medical men to whom these were sent, he changed his system and corrected the mistakes himself.

"We are informed of a fatal mistake which occurred a few weeks ago. A prescription in which a most unusual quantity of prussic acid, with three or four other ingredients, was ordered and left at a drug store. The clerk of

the store hesitated to put up the prescription in the absence of his employer, and, unwilling to lose a little custom, stated that it was necessary to send down town for one of the ingredients, and that the medicine would be ready in an hour or two. The patient was anxious for the medicine and sent twice for it. He soon called a third time, and stated that if it was not ready, to give him the prescription and his father would get the medicine elsewhere. The prescription was returned and made up by some one more ignorant or less scrupulous, and next day the lady was dead of a diseased heart! Diseased hearts cover a multitude of mistakes!"

Sanitary Condition of Baltimore.—An elaborate document from the commissioner of Health, Charles A. Leas, M.D., furnishes some important suggestions for the citizens of Baltimore, and we doubt not they will be influenced by them in their municipal legislation. The business of keeping streets and lanes, in a crowded city, free from filthy accumulations, is a very great matter, and on the efficiency of the officers on whom the service devolves, depends the healthful or unhealthful condition of the inhabitants. London is a model city in regard to the cleanliness of its streets. Were they neglected there, as in some other cities, there is no calculating the sufferings that would at once ensue in a population of two millions and a half of human beings, "besides much cattle." In the large cities of the United States, an interest is just beginning to be manifest in reference to this important subject. The mortality always varies, among crowds of people, according to the general violation of the laws of health. Nature has given man an instinctive appreciation of the good and the bad, in respect to localities for a habitation, to food, drinks, clothing, &c. Thus he selects a dry and pleasant place, in preference to a wet and dark one, suitable clothing to meet the exigencies of climate, and wholesome food, rather than the unwholesome, and so on. In crowded, compact cities, the tendency to collect decomposing matter in by-places, must be met by organized vigilance, or the very atmosphere will be poisoned, and plagues break forth which no human ordinances could control. Dr. Leas has excellent views of what must be done, and that continually, to maintain the public health of a great city. Boston has a reputation worth preserving, in respect to clean streets, removal of offal, and a complete system of underground sewerage.

Birth of Twins.—*Nine days Interval.*—Dr. T. J. Page, of Rutland, Vt., communicates the following singular (though not unparalleled) case of labor.

"An Irish woman, quite respectable, had a babe (ordinarily called baby), when $7\frac{1}{2}$ months along. About two days after her confinement, I was called, her husband saying she was not getting along very well. On visiting her, I found she had 'got all through,' and was mourning over the loss of her son (although she had had five children before, all dead but one); told of the great loss, how beautiful and perfect a child it was, and all that. Of course I made the usual inquiries as to the probability of the entire expulsion of the placenta, to which she replied that 'twas all right. So after looking wise for awhile, I pronounced her doing well enough. About three days after, 'Pat' came up, and said his 'old woman' was not doing well 'at all.' Accordingly I called, and inquired into the affair, and found nothing particularly alarming except a cough and some slight after-pains, for which I prescribed a dose of morphine. I heard nothing of her till Saturday afternoon (eight days after the first labor), at which time 'Pat' came again,

saying something must be done, 'the old woman was very bad.' On seeing her, I administered small doses of ergot, often repeated, telling her that something must have been left behind, or else her flowing and pains (regular) would not be kept up. The next day I was sent for, and, lo and behold, another 'young one' had come, about as long as a *common case knife*, the first being, as she said, 'almost as large as at the full time,'—both perfectly formed children."

Ununited Fractures.—Our obligations are due to Dr. Henry H. Smith, of Philadelphia, for a copy of an interesting and practical treatise "on the treatment of ununited fracture by means of artificial limbs." We think our friend has taken the right view of this class of accidents, and his suggestions relative to the remedy for them, are worthy of consideration and confidence. As our allotted space will not admit of entering into details, we shall content ourselves, at this time, with giving the reader that portion of the treatise which has especial reference to his theory of uniting old fractures of bones. "As the deposit of osseous granules and the formation of bone," he says, "is hardly probable in this form of ununited fracture, except in very recent cases, or those which are more correctly instances of retarded union, we must here look to some other point than the ends of the bone for a bond of union, and again find it in the periosteum which surrounds the bone up to the seat of fracture; this periosteum being capable, under excitement, of uniting the ends of a fracture. To prove this, I now urge the employment of the following plan of treatment in ununited fractures, believing that when, in any false joint, whether recent or ancient, the two fragments are permitted to overlap moderately, whilst, at the same time, such action is excited by the pressure of one periosteal surface against the other, as may be obtained by gentle and long-continued motion in using the limb, a growth of callus will be often induced and accomplished with much less local and constitutional disturbance than it can possibly be by friction and rest, pressure and rest, the seton, re-action, drilling, or the use of ivory pegs, as heretofore recommended; whilst the patient will escape confinement, free supuration, phlebitis, hectic fever, and the serious effects which have often resulted from these plans of treatment. That pressure and friction of the surface of the external periosteum will lead to the formation of bone, has long been known to surgeons, and exemplified in the formation of a new acetabulum in cases of luxation of the head of the femur upon the pubis."

California Insane Asylum.—A soil charged with gold contains in itself no balm for a wounded spirit, nor are the causes which derange the powers of the mind any less in number or potency on the Pacific side of the Rocky Mountains, than in the old stable States on the eastern slope. Insanity, it seems, exists in California. But they are copying there, and rapidly, too, the best institutions of the father land. The people generally of that country are natives of other regions; but they carried with them a strong love, and even veneration, for everything at home which is best calculated to advance civilization and promote human happiness. It appears that in 1850, there were only 14 persons sent to the station house, in San Francisco, on account of insanity. In 1851, there were 22; in 1852, 34; and in 1853, 63. The medical superintendent, Robert E. Reed, M.D., says, on the first page of his report—"It is fearful to contemplate the amount of mental excitement, the violent passions, the ungoverned tempers

and continued turmoil, prevailing throughout the entire population of the State." The Asylum is established at Stockton, in lat. 37 deg. 57 min. north, and long. 121 deg. 14 min. 26 sec. west. From May 14, 1852, to Dec. 31, 1853, the whole number of patients was 284. Of these, 264 were males, 20 females. Recovered, 160; of whom 7 were females. There were 22 deaths; 44 improved; and remaining at the institution when the account was made up, 93 males and 10 females. Beyond these few statistical facts, there is nothing particularly instructive to be gleaned from the report of the trustees. That the establishment is admirably managed, both in the financial as well as humane department, is beyond question. Dr. Reed gives indications of being admirably fitted for the high responsibilities of his position.

There is a State hospital at Stockton, also under the charge of Dr. Reed, organized in August, 1851. The insane asylum, somewhat connected with it, assumed a distinct existence in May, 1852. In July, 1853, by an act of the Legislature, the hospital patients were transferred to the State Marine Hospital, San Francisco—leaving the insane entirely by themselves.

Medical Appointment at the Custom House.—Dr. Joseph H. Smith, of Dover, N. H., has been appointed, by the Secretary of the Treasury of the United States, special examiner of drugs, chemicals, medicines, &c., for this port. Dr. Charles H. Peirce, who has long, and faithfully we believe, occupied the same position, has been displaced. We doubt the expediency of making frequent changes in this special department, provided the individual having the charge is qualified to perform the required duty. It takes time to become familiar with all the schemes made use of in the falsification of drugs, &c., and every medical man has not had the opportunity to learn them. We believe Dr. Peirce has given general satisfaction to the druggists in this city, and he will retire from office with their best wishes for his future prosperity.

Sulphuric Ether as a Motive Power.—It would appear, by information lately received from France, that sulphuric ether is destined to be as useful for a motor power, as it has been for an anodyne. M. Du Trembley has succeeded, after much experimenting, in employing it, in conjunction with steam, on board of steam vessels, and thereby obtaining, as it is said, "a great increase of motive power at less expense than that of steam by the existing system." The mode of operation for the ether engines differs from the ordinary machines, in the following particulars. In the old ones, steam, after setting the cylinder in motion, is condensed by means of an injection of cold water, and is then discharged with nearly the total loss of its heat; whereas by the new system, after the cylinder begins to move, it is put in communication with ether, which absorbs and condenses its heat, and instead of escaping, sets in motion the piston of a second cylinder, and so greatly increases the power of the engines. In presence of several distinguished and scientific gentlemen, M. Du Trembley had one of his engines tested on board of a splendid vessel (the France), at Toulon. The experiment proved highly satisfactory and successful. We have doubts of the propriety of making use of such an inflammable substance on board of steam-vessels, as serious accidents would be constantly liable to occur from it, even if great precautions were taken to guard against them. Economy in

fuel, and the obtaining of great speed, should not always be considered paramount to the safety of life and property.

Albany Medical College.—By the official catalogue, it appears quite certain that the College is well sustained. Sixteen young men took degrees at the recent close of the term. It should be recollected that two full courses of lectures are given by the faculty. The first commences Tuesday, February 22d, the present season; and the autumnal course on the first Tuesday of September, annually. All the gentlemen connected with the school, are eminent in their several departments, and have long enjoyed the public confidence.

American Dentists in France.—In a recent number of the Journal, we made mention of the success which had attended the practice of several American dental surgeons in Paris. We also stated that Drs. Joshua Tucker and Edward Gage, two of our most able and accomplished dentists, had left Boston for that city. Dr. Tucker visited Europe for the benefit of his health, which had become impaired in consequence of long and close application to the arduous duties of his profession. We are happy to learn that since his sojourn in France, he has nearly recovered from the severe attacks of neuralgia which so frequently troubled him. He will leave Paris early in the spring, for travel in Italy. Dr. Gage has located himself, and commenced practice under very flattering prospects, and there can be no doubt, when he becomes better known to the Parisians, that he will have quite as much business as the most ambitious could desire.

Castleton (Vt.) Medical College.—Nineteen young gentlemen received their diplomas at the close of the late session of lectures in Castleton Medical College. We are informed by the Circular and Catalogue of the alumni, recently published, that this institution has matriculated 4667 students, and graduated 1370, during the nearly forty years of its existence.

TO CORRESPONDENTS AND SUBSCRIBERS.—The following papers have been received:—Two Cases of Membranous Croup; Observations on Tuberculosis; Effects of Mental Emotions on the Animal Economy.

As there are three-seven Wednesdays in the six months of the present volume, another number after this will be comprised in the volume. Some important changes contemplated for the ensuing volume will be more definitely stated next week.

MARRIED,—In Schodack, N. Y., Augustus Joles, M.D., of Stephentown, to Miss Elizabeth V. Traver, of Schodack.—At Harvard, Dr. Geo. Marshall Howe to Miss Harriet M. Howe.

DIED,—At Northampton, Dr. Charles Walker, 52.—In Madison, Wis., Prof. Stephen P. Lathrop, M.D., aged 37, formerly of Weybridge, Vt.

Deaths in Boston for the week ending Saturday noon, Jan. 20th, 82. Males. 34—females. 48. Accident, 1—hemorrhage of the bowels, 1—inflammation of the brain, 4—congestion of the brain, 1—cancer, 2—consumption, 15—convulsions, 5—croup, 3—chickenpox, 1—dysentery, 1—diarrhoea, 1—dropsy, 4—dropsy in the head, 2—debility, 1—infantile diseases, 3—puerperal, 2—scarlet fever, 2—hooping cough, 1—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 10—disease of the lungs, 1—disease of the liver, 1—marasmus, 2—old age, 3—pleurisy, 1—rheumatism, 1—scalded, 1—scrofula, 1—smallpox, 3—suicide, 1—spine disease, 1—teething, 1—unknown, 2.

Under 5 years, 34—between 5 and 20 years, 5—between 20 and 40 years, 21—between 40 and 60 years, 12—above 60 years, 10. Born in the United States, 56—British Provinces, 2—Ireland, 17—England, 2—France, 3—Germany, 2.

The Cockpit of a Man-of-war no Place of Safety.—In the recent naval attack upon Sebastopol, a shell entered the after cockpit of H. M. S. Albion. It lodged in the first lieutenant's cabin, burst there, destroying everything in that cabin and in the surgeon's cabin on one side, and another officer's on the other. Mr. Mason, the surgeon, was himself so much bruised in the arm by one of the splinters, that he was disabled, and could not operate. A similar splinter from another shell struck the paymaster, who was acting as assistant to the medical officers, and bruised him severely.—*Dr. Mackay in Medical Times.*

A Blundering Translation.—Sir John Pringle, in his "Observations on the Diseases of the Army," mentions having cured a soldier of a violent scurvy, by prescribing two quarts of the *dog and duck* water (so called from the name of a spring near the Dog and Duck Tavern), to be drunk every morning before dinner. In a French translation of this work, the remedy is specified to be two quarts of broth, made of a duck and a dog.—*Dublin University Magazine.*

Want of Medical Officers for the Army and Navy.—Numerous letters from the seat of war continue to speak of the insufficiency of medical attendance, both at Sebastopol, and on board transport ships laden with wounded for the hospital at Scutari. To meet the emergency the London College of Surgeons has intimated its readiness to examine, in December, all those young men who have reached the age of 21, but whose studies would not otherwise have terminated until March. The inferior grade of Army apothecaries has also been had recourse to by Government. We deprecate both these proceedings, as injurious to the profession, and as tending to subject our soldiers and sailors to the inexperience of imperfectly educated men. It would be more becoming in our public bodies, instead of relaxing their regulations at this juncture, to impress upon Government the propriety and justice of raising the remuneration, and, above all, of honorably treating the medical men of both services. There would then be no difficulty in procuring, among such an overcrowded profession as that of medicine, abundant additions to the staffs both of the army and navy.—*Edinburgh Monthly Journal.*

Laryngitis. Nitrate of Silver.—Dr Ebert employs inhalations of nitrate of silver in substance with great benefit, in all inflammations of the laryngeal mucous membrane. He has employed the nitrate of silver also in solution, after the manner of Green, but has never been able to satisfy himself that the larynx was really entered. The mode in which the solid caustic is introduced is as follows: Three grains of the nitrate are mixed with one drachm of sugar; the powder is placed in a steel pen, which is itself firmly inserted in a quill open at both ends. The little apparatus is then put into the mouth, so that the end of the steel pen shall be on the root of the tongue; then the lips are closed round the quill, and the patient inspires forcibly. The first attempt is almost always a failure, and the nitrate is only tasted on the root of the tongue, but the patient soon learns to manage it very well; a little cough and irritation follow, but no great uneasiness. For young children this method does not answer, and a special apparatus must be used.—*Annalen des Berlin Char. Krankheiten.*

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THREE CASES OF MEMBRANOUS CROUP.

BY W. H. THAYER, OF WOODSTOCK, VT.

[Communicated for the Boston Medical and Surgical Journal.]

THE three cases which follow, illustrate some points of interest in the history and treatment of croup. The first occurred in Newton, Mass.; the last two in Woodstock, Vt. They occurred in families in easy circumstances, and in situations sufficiently healthy, in respect to air, light and moisture. The last two cases, although occupying considerable space, would be more valuable if the details were in some respects more complete; but the difficulty of a fuller record on the spot, in a case engrossing so much care and attention, will occur to every one—and for many minute points I could not depend upon memory.

CASE I. *Membranous Croup; recovery.*—Dec. 6, 1852. Being this morning at Mr. C.'s house in Newton, Mass., in attendance upon other members of the family, my attention was called to a boy of 7 years old, who was said to have been "croupy" last night. His mother reports that he has been listless for several days, but has attracted no particular attention, as influenza is prevailing in the family; that he has not been heard to cough till this morning, and has had no coryza; that towards night yesterday he was hoarse—not before; but slept quietly all night. At 6 this morning, he came into her chamber, breathing with considerable difficulty, and with a loud cough. Said he had just waked. She gave him a little limes-syrup, and, after a while, he was relieved. Did not vomit. Eat some breakfast, with apparent relish; and has since appeared about as well as usual, with occasional cough and constant hoarseness. Has an evacuation daily; is stout and usually in good health.

On examination of his fauces, there is slight redness and enlargement of tonsils, but no lymph upon them; but on further depressing the tongue, the epiglottis is brought into view, covered with a complete layer of it. His respiration is somewhat labored, but only in a slight degree; his voice hoarse and the cough has a ringing sound. Pulse 108. Skin temperate. Tongue slightly coated. Is up and dressed, playing about as usual.

I washed the epiglottis and larynx with a sponge-probang saturated with a solution of *nitrate of silver*, gr. i. a ʒj. Directed ʒj. of in-

fusion of ipecac. immediately, and one grain of calomel every four hours. The atmosphere of the room to be kept moist by boiling a quantity of water in it. 6, P.M.—Vomited after ipecac. some tough mucus, with several shreds of soft white lymph. Has had one copious dejection. Seems quite comfortable. Directed *warm bath*.

Dec. 7th.—Passed a good night. Had no paroxysm of dyspnoea, coughed little, and slept most of the time. One free dejection. Voice hoarse. No lymph visible in throat. Skin temperate. Much thirst. Pulse, in horizontal position, 78. Respiration 18 a 20 in the minute, quiet. Applied *caustic solution*, as yesterday. *R. Ipecac. infusi, ʒj. Continue calomel.*

Evening.—As well. Respiration same. Several loose dejections. No lymph vomited. *Omit Calomel.*

8th.—Quite bright. Slept well. Bowels loose. Exhibits no sign of trouble, except hoarseness.

12th.—Hoarseness much less. Otherwise well.

This case is an instance of membranous croup, treated under the unusually favorable circumstance of being seen at an early stage. In the majority of cases, the deposit of false membrane is visible on the tonsils at the first visit of the physician, having usually begun in the larynx or trachea, and extended upward thus far before medical advice is sought. But whether in all cases in which it is discoverable upon the tonsils at an early period of the disease, it has originated in the larynx and extended thence to the fauces, or has been deposited simultaneously over the whole extent of the mucous membrane on which it has been found, the case I have just related is an unusually favorable one for treatment, and exemplifies the greater effect that is produced by the application of nitrate of silver to the larynx at an early stage, before the deposit has extended downward, the inflammation has reached its intensity, or the secondary symptoms which arise from the mechanical obstacle to the respiration have appeared. In this case the lymph covered the epiglottis and probably the mucous membrane of the larynx, but had not reached the tonsils. The symptoms had been so slight that it is probable the parents would have waited another day before speaking to me, if I had not been in the house. It is worthy of notice that not only was the disease cut short at once in its progress—whereas, in cases that recover after the use of caustic at a more advanced period, the improvement is more gradual—but the larynx became entirely restored to its natural condition at an early period, the hoarseness having entirely disappeared in the second week; whereas in graver cases which have recovered, Dr. Ware says “it was many weeks before it resumed its natural tone.”

CASE II. *Membranous Croup, with autopsy.*—Dec. 16, 1854. I was called in consultation with Dr. Hazen, of Woodstock, to see an infant 15 months old, in good circumstances, who had been ill for four days. It was a hearty child, whose mother had died several months ago, of lumbar abscess, and who has since been fed by hand. There are three other children in the family, neither of whom has had croup.

It had symptoms of “cold” with slight hoarseness on the 13th. Dr.

H. saw it on the morning of the 14th, and administered some diaphoretic. It grew steadily worse. Last evening (15th) he was called again, and found all the symptoms much aggravated. Gave *antimonial emetic* then, and six grains of *calomel*, which have been followed by three copious dejections. Administered several times a few drops of *paregoric*.

Now (10, A.M.), rather drowsy. Face full, pallid. Eyes natural. Respiration very laborious; nostrils dilated, with hardly any motion of them; sterno-mastoid muscles in full play. Pulse 180, feeble. Skin not cold. Fauces everywhere much swollen, with a dark sloughy appearance; on tonsils, chiefly left one, are patches of dirty-white lymph.

Passed sponge, saturated with a solution of nitrate of silver, gr l. a ʒ j., over fauces and into larynx, twice in succession—followed immediately by the discharge of an ounce or two of bloody mucus and saliva. Directed emetic of *ippecac.*, and a warm bath. The *ippecac.* was not vomited, and in two hours and a half the child died, without convulsion. It did not cough during my visit, nor appear capable of making any vocal utterance.

Autopsy, 22 hours after death.—Body slightly frozen externally. All the organs of the abdomen and thorax were examined, except that the alimentary canal and the bladder were not laid open. All the viscera were in normal condition, except the respiratory organs.

There were old, banded adhesions, firm and perfectly organized, extending over a square inch of surface, between upper lobe of right lung (below axilla) and the costal pleura, and some between the middle and lower lobes. No fluid or lymph in either pleura; about two drachms of serum in pericardium. Lungs and windpipe taken out together, and the larynx and trachea laid open behind. The whole passage was lined with a layer of whitish lymph, save that in the first inch and a half (over epiglottis, glottis, larynx and upper part of trachea), there were only a few shreds remaining. Below this it extended in an unbroken layer to first subdivision of the primary bronchus of left side (i. e., about an inch and a quarter below bifurcation) where it gradually ceased; and to a greater distance in the right lung. In the right lung, the lymph extended through one of the second divisions of the bronchus, and it was traced more than two inches into the lower part of the upper lobe, apparently filling the whole calibre of the tube. In these bronchi it was partly separated from the mucous membrane by pus; but throughout the trachea and primary bronchi it was closely adherent to it. In the other bronchi, the false membrane ceased soon after entering the lung. The surface of the lymph was smeared with purulent fluid throughout. There was a belt around the lower part of the upper lobe of the right lung in a state of atelectasis; appearing externally smooth and glossy like the rest, but dark colored, and depressed below the remaining surface. This depressed portion was limited exactly by interlobular lines. It extended around the greater part of the circumference of the lung, and was about an inch in its vertical diameter; and on laying open those bronchi that were completely plugged with lymph and pus, they were found to terminate in these lobules. Much fluid exuded from this portion, on cutting through it, but no air; and pieces of it being put into

water, sank at once. It was smooth on cut surface, of uniform dark color, and fleshy feel, but not friable. It resembled exactly a portion of lung that has been compressed by a pleuritic effusion, but contained more fluid than that usually does. There was a small portion in the centre of left lung approaching the same state, but crepitating somewhat. The remainder of both lungs crepitated well; the posterior parts had more fluid than the anterior. There was interlobular emphysema in various parts of both, and the pulmonary vesicles were in many places distinctly visible.

The mucous membrane of the larynx and vocal cords was uneven, dull and thickened; the vocal cords so much so as to completely close the ventricles of the larynx. Just below the glottis were several small spots as large as the head of a large pin, rough, and having the appearance of follicular ulcers.

In comparing the case and its treatment with the condition revealed by the post-mortem examination, it will be seen that the application of the nitrate of silver removed the false membrane from the larynx and a part of the trachea; but that the continuation of the lymph, throughout the trachea and primary bronchi, with the addition of a considerable secretion of pus, rendered the operation fruitless. It was performed with very little expectation of success, as the previous duration of the disease made it probable that the false membrane had already become too extensively deposited to be removed by the sponge. The next case, however, is one in which even the early application of it was unsuccessful—in fact, afforded no relief whatever.

CASE III. *Membranous Croup; tracheotomy; autopsy.*—F. D., a large, hearty child, of seven months old. Nursing his mother. The mother is a very slender woman, who has never been robust. This is her second child. While pregnant with the first, she had indolent suppurative inflammation of the axillary glands. Has always an abundance of milk. The father has suffered with hydarthrosis of the knees for a year past; is otherwise well. His family are remarkable for protracted convalescence from all diseases with which they are affected, and for two generations at least have had numerous cases of croupal attacks, none of which have been fatal.

I was called to this child on the evening of the 24th of Dec., 1854, at 9 o'clock. The mother reports that he has had nasal catarrh for three days, and this evening has been hoarse for the first time. Respiration noisy, labored. Fauces examined (by lamplight): tonsils somewhat swollen; no lymph visible; could not see the epiglottis. Skin moist.

The absence of lymph on the fauces, the existence for several days of a catarrhal affection, and the sudden access of the croupal respiration (which was sufficiently marked to be troublesome), induced me to think that it was not membranous croup I had to deal with. I ordered a *warm bath*, and *one grain of Dover's powder*.

Was called again at 1, A.M. The Dover's powder was soon vomited. The breathing became easier, but the child did not sleep much. Has had no dejection for two days; is frequently costive. Gave an

enema, and an *emetic of ipecac.* Vomited soon, and *ipecac. was repeated* and vomited. Breathing became much easier. Enema retained.

Was called again at 7, A.M., Dec. 25th. Found him worse. Respiration more labored, with difficult expiration, and strong action of *sterno-mastoid* muscles. Pulse very rapid. *Washed larynx with the solution of nitrate of silver*, gr. i. a $\frac{3}{4}$ j. He soon vomited twice, mucus and whitish shreds that may be lymph. No relief to respiration.

At 8, getting drowsy and stupid. Respiration excessively labored. No cough : in fact, I have not heard him cough at all.

At 8½, A.M., believing, from the rapidity of the case, that the false membrane did not extend throughout trachea, and finding the child rapidly sinking, I decided to open the trachea. I therefore made an incision about an inch in length over the trachea, nearly down to the top of the sternum. The child was lying upon the lap of a woman, its head falling back and steadied by the father. The incision was repeated until the trachea was reached, and then several of the rings were cut through by piercing it with the point of the scalpel and cutting out. This was accomplished with considerable difficulty, owing to the amount of fat which overlay the trachea, to the incessant motion of the muscles and of the trachea itself, and the want of assistance. The air entered at once, but not freely. The cut surface bled freely, and the child grew very pallid, and seemed likely to die from hemorrhage, which was a general oozing from the whole cut surface. Being engaged in restraining the bleeding by pressure, it was some time before I could enlarge the opening in the trachea. This I did at last by making with a bistoury (for want of proper scissors) another cut across the tracheal rings parallel to the first, and removing a small strip of it. I applied a sinapism to the præcordial region. The bleeding having ceased, I maintained the opening in the trachea by two probes bent and inserted so as to pass down the trachea about three fourths of an inch.

By 9½, A.M., he began to revive, and soon swallowed without difficulty a little brandy and water. I held the probes till 11, A.M., when, with Dr. Hazen's assistance (whom I had sent for in the meantime) I inserted a curved silver canula. This was delayed so long, because we were obliged to wait for it to be made. Before inserting it, passed probe upward towards larynx, to remove any obstruction, and brought out portions of what appeared to be lymph, but so broken and bloody that it could not be made certain. I then washed the trachea just above the incision with *the caustic solution*. While introducing canula, bleeding returned from the cut surface—but ceased after the application of solid caustic and a minute's pressure. The child had become quite bright ; breathed regularly and easily through the canula, and appeared as quiet and easy as in health. The brandy had been repeated ; and beef-tea was now given in small quantities. At 12 o'clock, had *six drops of paregoric*. At 1 o'clock, removed canula and washed it from blood which partly filled it. While canula was out, the opening in trachea slipped from my hold, and the passage was entirely closed. No air appeared to pass through glottis, the child tossed violently about in its efforts for breath, but relief came at once with the re-placement of

the canula. Took a little milk at 1½ o'clock, from the breast of a relative who was present. Between 1 and 2 o'clock, had a little quiet sleep. At 2, P. M., got *one fourth of a grain of calomel*.

At 2½, P.M., was quite restless, throwing head about. Took a little water eagerly, swallowed well, but soon vomited it. Got *ten drops of paregoric*. The skin had continued warm during the hemorrhage, and was so now. Two or three times had coughed a little coagulum and blood, not a drachm in all, through canula. The whole amount of blood lost, I estimated at two ounces.

At 3, P.M., restlessness and appearance of distress very great. Air passed several times through glottis. Removed canula to examine and wash it; and his countenance changed so much about this time, expression leaving it, that I did not return the canula, but kept the trachea open with probes. Breathing was unobstructed, but the child failed very rapidly. Pupils became much contracted, strabismus followed, and the eyes became glazed and meaningless. Then for the first time I noticed a depression, like an ulcer, on left cornea, rather more than a line in diameter, and one on right conjunctiva about the same size, and several other mere points on both eyes where there appeared to be loss of substance. There was slight injection of some of conjunctival vessels, not particularly centering around these points. Respiration became slower and slower and interrupted—but without any obstruction, and after twitchings of the eyeballs for a minute, he died, at 3½, P.M. There were two natural but thin dejections in last two hours. Extremities warm till twenty minutes before death.

My note-book contains no notice of the pulse. It was very feeble after the hemorrhage attending the tracheotomy, but came up, and as the child became restless, grew very rapid.

Autopsy, 21 hours after death, in the presence of Drs. Hazen, Gray and Morton.

Moderate rigidity. Posterior parts of body, dark from gravitated blood. Layer of fat varying from one half to three fourths of an inch over front of trunk. Pleuræ normal and free from adhesions; contain no fluid. Pericardium has about 3 ss. of serum in it.

Heart.—Left ventricle empty, firm. Left auricle contains a clot. Right ventricle and auricle have some fluid blood in their cavities. Whole organ normal.

Thymus gland, extending over half of pericardium, of normal appearance.

The lungs and air-passages having been carefully removed from the body, the larynx and trachea were laid open posteriorly, and the primary bronchi and some of their divisions also. The pharynx is dark-slate colored; no lymph in it, nor other unnatural appearance. The epiglottis, glottis and larynx are free from any abnormal appearance. The mucous membrane there is smooth, shining and pale, and has no lymph upon it, nor is thickened. From the vocal cords down to the incision made yesterday (which I think is about an inch—did not measure it), the mucous membrane has small bits and shreds of soft lymph adhering to it. Underneath this, the membrane is somewhat rougher

and rather duller than natural. The incision is about five eighths of an inch long. It looks much larger than it did yesterday. From this point to an inch below bifurcation, there is considerable soft, semifluid, brownish coagulum; in the bronchi, very little. No firm clot, and no closure of trachea or either bronchus. On removing this with care, there is no false membrane or the remains of one visible anywhere below seat of operation. The mucous membrane is smooth, but uniformly stained, by the contained blood, a dull reddish-brown. The lungs are not anywhere emphysematous. They crepitate well, and have little fluid, except at the posterior and middle parts, where there is a portion of each of them dark, firm, and pouring out considerable bloody fluid on incision. These portions are not defined by lines of lobules, but are not friable. Portions cut from one side sink at once in water, but those from the other float, although not having air enough to crepitate. With these exceptions, the lungs are normal.

Stomach contains a few drachms of sour-smelling fluid. Mucous membrane soft and thin; most so, near cardiac orifice.

Intestines normal in appearance—not opened. Peritoneum everywhere natural.

Liver normal, but rather pale. Gall-bladder pretty full.

Kidneys and spleen normal.

No further examination made.

In looking up authorities to elucidate some particulars in the history of croup, the writer has been reminded anew of the great superiority of numerical observation over all other modes of recording the characters of disease. After reading the treatises of Laennec, Cheyne, Williams, Watson, Stokes, West, and even that of Rilliet and Barthez, I turn to the paper of Dr. John Ware for the only exact information on the points on which it treats. Many times since it was first published have I read it with great interest for the graphic manner in which it pictures the disease; but some of the points which are numerically stated are invaluable in the decision of a doubtful question.

One would be led to doubt the value of some of the contributions to the history of croup which I have mentioned, unless he were careful to bear in mind that this disease is not identical in all its characters in France, England and America, nor under all circumstances of season and condition. In relation to the situation of the false membrane, Dr. Craigie (quoted by Watson) says that it never extends upward into the larynx, but is only found in the trachea. Dr. West says that under his observation the deposit of false membrane "is found in the larynx oftener than in the trachea, and in both more frequently than in the bronchi." Rilliet and Barthez state that the pharynx, larynx, trachea and bronchi are all liable to the deposit of lymph; but the relative frequency of its invasion of either situation, or the direction of its progress, they omit to mention. They only state the proportional number of cases in which it extends into the bronchi. The chapters on croup in the excellent works on pathological anatomy of Hasse and Rokitsansky, speak of the deposit of lymph as being made upon the mucous membrane of the larynx and trachea; and its appearance in the throat is mentioned as an

occasional thing to which they seem to attach no importance. If its *early* appearance on any part of the fauces be of nearly invariable occurrence, it may aid us very much in diagnosis to know it.

As an acquaintance with the character of croup in New England is of more practical value than the history of the disease elsewhere, we are fortunate in having Dr. Ware's distinct statement that in thirty-three cases on which his paper is based, lymph was seen in the throat during life in thirty-two, and that in the one case in which it could not be found in the throat, post-mortem examination revealed it in the larynx. Unfortunately he does not tell us at what period in the disease it was discoverable in the throat. But it is a proper deduction from his observations, that the absence of it in the fauces in any case makes it highly improbable that there is any deposit in the larynx or trachea.

The state of the larynx after death in my case gave no indication whatever that it had been inflamed. There was neither thickening, redness, nor loss of its usual smoothness and polish; and although redness and swelling often disappear after death, yet some degree of dulness of the surface remains visible in a mucous membrane that has been the seat of inflammation. The upper part of the trachea did exhibit discoloration, dulness, roughness and some remains of false membrane. The sponge undoubtedly passed down no further than the vocal cords, and consequently did not reach the seat of inflammation. Œdema of the glottis there may have been, but this often subsides after death and leaves no trace behind. Whether the difficulty of respiration was due to œdema, or to the spasm of the glottis which usually accompanies the membranous deposit in the trachea, we cannot know. There was no appearance of œdema in the fauces when I examined them during life.

What was the cause of death? It was not an obstruction to the respiration, for that was performed with ease and regularity through the canula, and the lungs were found after death free from emphysema or œdema, and congested only in a small portion. The hemorrhage from the operation was considerable for a child of seven months; but there was complete recovery from the prostration which followed it, and for five hours the little patient was bright, noticing those that stood around it very much as it would do in health; swallowing its drinks with relish; giving no evidence of debility; lying quietly in the lap, and finally sleeping with comparative ease. That the hemorrhage may have told more heavily upon the system than the subsequent general condition of the child seemed to intimate, may be suspected from one symptom, that is, the ulceration of the cornea—perhaps only of its epithelial layer, and of the conjunctiva over the sclerotica. This has been the result of exhaustion, where it did not arise from affections of the fifth pair of nerves. If death was not produced by the hemorrhage, it seems proper to refer it to the shock of the disease upon the brain, which Stokes believes to cause death in many cases that are fatal after tracheotomy, where the false membrane is limited to the larynx, and no further obstruction exists after the operation. It corresponded more nearly by the symptoms to the re-action after loss of blood: the patient manifested great restlessness and excitement, which, after coma of a few minutes' continuance, was followed by death.

But as the symptoms and the condition of the thoracic organs after death do not fully justify us in assigning the result exclusively to one or the other cause, I believe that we ought to consider both the nervous shock of the disease and the loss of blood to have been the causes, and the only causes, of death.

January, 1855.

SURGERY OF THE WAR.

NAPOLÉON, at Eylau, taking a diamond star from his breast, placed it on that of a young medical officer. In a deadly charge the day before, we are told, thousands were wounded; at last the serried lines of the French gave way, and retreated by a series of manœuvres, in one of which, amongst dead and dying, a surgeon was seen, suddenly called to a general terribly wounded. A large artery was open; cold and harassed, the surgeon knelt by his patient; shouts were raised on all sides for him to save himself. The battalions of the enemy literally rode over him; the bullets of the opposing army whistled in hundreds by his ears; still he pressed on the artery, and ultimately saved the life of the young officer. A bitter cold night followed a more frightful day. The surgeon crunched the snow in his hand, and applied it to the wound. Something little short of a miracle had occurred, but the surgeon never deserted his post; and on Napoleon seeing him next day the diamond cross was placed on his breast. A few months ago a tourist in France saw this cross on the coffin of an old village surgeon, and heard the story.

All honor to our military surgeons! The French can boast of this old Dr. Becourt, and Pontier, the Larrey of their present hospitals at Sebastopol; we can feel a pride, also, in the names of Mackenzie, Williams and Thomson. It is too true we have no decorations or honors for our medical men, but their names and deeds live enshrined in the hearts of all who esteem a manly appreciation of duty, of truth, and of Christian bravery; for who is it in the dread field of death and battle, though wearied and worn in spirit himself, that can carry such hope and animation to the mind of the wounded soldier, if it be not the surgeon? Who is it that is expected to be awake at all hours, while others sleep—who is it, while night falls drearily on tent, camp and field, as Homer delights to tell us, still works and watches, and inspires hope and confidence? If accident had not led this tourist into one of the little villages of France lately, we should not have had this anecdote (to be found in one of the French daily newspapers). Far from the noise of the outer world, neglected and forgotten, this poor surgeon died; and yet this rare devotion, this true heroism, this life of mental thought and overwhelming work, do not attract the crowd. The great general or diplomatist, the Minister of the War-office, &c., have all or each a peerage or a pension; but the surgeon is—we will not say forgotten; for here, at least, in the medical journal, we must take note of such generous deeds, such noble devotedness, while in their writings will Larrey, Guthrie and

Ambrose Père be never forgotten. Parliament has now assembled, and we trust a better feeling will be apparent towards our Navy and Army medical officers. Five hundred wounded more are added to the hospital at Scutari, rescued from the ambulances and tents all blown down in the storm of last month. We learn, however, that an hospital ship, the *New York*, has been despatched with seventy-five ambulance carriages, vegetables to prevent scurvy, and various medical necessaries.

The charge, the rout, the flying squadrons, the glittering colors, and other "pomp and circumstances" of war, are no doubt very grand. The martial music of the marching army; the kings and generals and their staff; the surgeon meanwhile, perhaps, on foot, unnoticed. But a day comes when the surgeon takes the place of all this popular display; that is, the day after the battle. It is for him now a peculiar glory to be calm when all others are excited. There is more of interest and beauty then for him in the resources of anatomy, and in the wise arrangements of nature in healing wounds. He may have galloped with cavalry, as Dr. Wilson, lately, into the thickest of the enemy; but in his hospital no emotion must influence his hand in operating. Russian, French and English patients are all alike; he must know what to say to the poorest soldier, as well as to the greatest general. We know few men, in fact, that require to be so much masters of general knowledge. We have said that he will find much of beauty in his art and in the arrangements of nature in healing wounds; he will find also much to influence him in the parting words of the dying—secrets confided to his keeping, and last words to be conveyed to the loved ones far away. The surgeon must decline no office. The younger military surgeon must be a thorough man of thought and feeling; the joyous companions of former times, officers he has joked with perhaps in former regiments, are dying, and require one manly, Christian word of a religious kind. He must control his emotions as a surgeon; he must feel deeply as a friend. One tear betrays the man, but less than a tear takes away the *prestige* of the soldier. There is a country and a cause to be fought for, above every other consideration. At the plague of Jaffa, it is told, the soldiers all refused to fight, fearing the contagion of this disease. In vain the generals harangued. The skeleton figures of those soldiers who had caught the plague terrified the entire army, till Desgenettes, a surgeon, offered to sleep with those stricken with the plague, and inoculated himself with it, even under the bullets of the enemy! Taken prisoner afterwards, this noble act was even respected by the enemy, and his life saved. Here is a man, then, all but sacrificing himself to a sense of duty. Yes, the military surgeon has much of moral grandeur in his quieter conquests, superior even to that of the battle field; kneeling by the straw-bed of the ambulance, bent double to reach the ground, he has myriad thoughts to engross his mind, a crowd of contending emotions to regulate; he has to inspire hope, and yet feel as one without hope; his unbroken moral courage must do many things for the poor soldier, struck down and dying, which the world never hears about; he is the great repository of the farewell secrets of the wounded, of a favorite ring, or note, or seal, great things or small; he is expected to man-

age everything. Like a sentry, the surgeon watches at all hours, and when the morrow arrives he has still to keep watch and ward in the trenches, or on the grim battle-field itself; he has to improvise all sorts of resources; he is at once carpenter and nurse, secretary and soldier, physician and friend.

On the 21st of September the surgeon of the *Vulcan*, quite unexpectedly, received on board his small ship 500 wounded from the battle of Alma. Dressings, lint, calico, &c., were wanted; but the sailors and officers gave all their sheets, shirts, &c., to the wounded, so great was the moral influence of the surgeon over them. The surgeon of the *Agamemnon* came on board, but it was midnight before they were all dressed. Another surgeon had to operate several times without chloroform, amputate thighs, his orderly or servant alone assisting him. The Minié rifle bullet splits and smashes the bone, while the old bullet bored holes in it. A dozen instances are given of surgeons left to shift as best they can, without ambulances, without wine, without lint or bandages; yet the moral courage of such men beats down all difficulties; the character of the true surgeon wins all hearts, triumphs over every disaster.—*London Lancet*.

CASE OF CIRCUMSCRIBED ABSCESS IN BONE.

BY P. C. BLEEK, M.D., OF KING'S COUNTY HOSPITAL, NEW YORK.

THE surgeon who first described a case of small circumscribed abscess in bone, and drew the attention of the profession to that very painful and important disease, was Sir Benjamin Brodie, a discovery which reflects the greatest credit on the sagacity of that celebrated man; for, since he first discovered and described this complaint, and suggested the proper treatment for it, a great many limbs have been preserved and made useful again, that otherwise would have been amputated—each one saved being another proof, that he is a greater surgeon who shows how to save a limb, than he who can amputate it in half a minute or less.

Sir B. Brodie was first led to his discovery by examining a leg which he had removed from a young man, and finding that a small abscess in the lower part of the tibia had been the cause of all the patient's suffering; from that time he always trephined in cases where from the symptoms he suspected abscess in the bone, and his operations were always followed by the best results. Other English surgeons, following his example, found the operation equally successful.

Stanley, in his *Treatise on Diseases of the Bones*, gives a full account of this disease. Some German writers also describe it in their manuals on surgery, although we do not know that any German surgeon has published a case of the kind as having occurred to himself. The following, it is believed, is the first case of which we have any account in this country:—

The patient, John Ryan, aged 32 years, was admitted to the King's County Hospital, from Williamsburg, Dec. 22d, 1853. He complained

of an excruciating pain, which had troubled him incessantly for six weeks, in the middle of the left tibia.

He gave the following history of his complaint. When nine years old he met with an accident, which caused compound fracture of the left leg, and was confined to his bed in consequence for two years, during which time several pieces of bone, from half an inch to $1\frac{1}{2}$ in length, exfoliated. Not until six years after the accident was the leg completely healed up, and after that time it did not trouble him, with the exception of the scars on the skin inflaming and ulcerating. These sores, however, always healed up quickly, when properly attended to. The bone itself had remained quite strong.

Six weeks before his admission to the hospital, he suddenly felt a severe pain in the diseased leg. This pain increased, and became so severe that his appetite left him, and he could not sleep. When he came to the Hospital, he had made up his mind to have the leg taken off, rather than suffer the pain any longer. The man was apparently strong and healthy, but his face was pale, and showed by its expression that he was a great sufferer. The organs of respiration and digestion were quite healthy; tongue clean, bowels regular, pulse frequent. The skin covering the anterior part of the middle third of the tibia was changed into cicatrized tissue, and was of a rose color. A portion in the centre of this had a shining and uneven appearance. The size of the tibia in the part corresponding to the cicatrized tissue was enlarged, resembling the callus thrown out around a fractured or necrosed bone. Just in the centre of this enlarged part of the tibia, corresponding with the above-mentioned swollen and uneven portion of the cicatrix, was the seat of that excruciating pain of which the patient complained.

Dr. Turner, who first examined the patient on his arrival at the Hospital, diagnosed an abscess in the tibia, and placed the patient under my care. My opinion agreed with his, with the exception that I supposed necrosed bone inside the tibia might be the cause of the trouble. We agreed, however, that the tibia should be trephined on the spot where matter was suspected.

The operation was performed Dec. 27th, the patient at the time being under chloroform. Two incisions, crossing each other, were made over the seat of pain. Then, after having dissected from the bone the four flaps thus formed, I applied a trephine, about half an inch in diameter. On withdrawing the trephine, in order to see if it had penetrated deep enough, about a teaspoonful of laudable pus escaped through the hole made by the pyramid.

After having trephined a little deeper, the cavity in the bone was reached, and the trephined portion was easily removed. Only very little pus had remained inside, and no necrosed bone was found. The piece of bone removed by the trephine had, on its inner surface, an excavation about half an inch in its longest diameter, the greatest depth of which was penetrated by the pyramid. The cavity was then filled with lint, the patient placed in bed, and an anodyne ordered.

Dec. 28th.—The patient complains of much soreness in the wound,

but the severe throbbing pain has entirely left him since the operation ; warm-water dressings applied to the wound.

30th.—He says that he feels first rate ; scarcely any pain ; has slept well ; appetite is very good. The wound in the bone begins to suppurate and granulate.

A fortnight after the operation, he left the Hospital, feeling quite able to work at his trade, and being very anxious to support his family. The wound in the bone at this time was filled with good and healthy granulations ; only the upper margin of the bone was not covered by them. The cut in the skin had commenced to cicatrize from the corners, the four flaps having retracted almost entirely.

Two weeks afterwards the patient presented himself at the Hospital.

He said, a few days after he left the Hospital, several small splinters of bone had come away from the upper margin of the wound in the bone. Since then this part had been covered by granulations. The wound is cicatrizing rapidly now. He is able to walk without the least trouble. Has had no pain whatever ; sleeps and eats well, and is very thankful for his recovery.

About nine months afterwards, I saw him again. His leg had remained strong and free from pain ever since the operation. The wound had soon healed up, and the cavity in the bone was filled with bony substance. Only a slight depression showed the spot where the trephine had penetrated the bone.—*New York Journal of Medicine.*

EARLY EXERCISE IN HIP DISEASE OR COXALGIA.

BY E. S. COOPER, M.D., PEORIA, ILL.

MY attention was first called to the benefits of early exercise in coxalgia by the following case, two years since :—

CASE.—Master John Fear, aged 9, was attacked in the spring of 1852 with pain in the knee, which continued for some weeks, when it was ascertained that the seat of disease was in the hip, and his physician had him confined to bed, and kept in this position from the 1st of May until the 27th of June, when he was admitted into my institution.

I found him in the following condition :—much emaciation ; pain in the knee and hip ; the foot of the diseased side projected two inches beyond the other, when they were placed side by side. Pressure upon the heel produced an immediate reference to pain in the hip-joint.

Having already witnessed the benefits of early walking in white swelling, the great relief from pain which exercise gives in these cases after the inflammatory symptoms have been principally subdued, and its invigorating influence upon the general health, I concluded that, inasmuch as keeping the joint quiet was the only object in confining patients to bed, generally, who have this disease, an apparatus might readily be devised which would secure the quietude of the diseased parts, and, at the same time, permit the balance of the body to be exercised, and which I was able to effect by a proper machine.

From the period of its application, the patient was more comfortable, particularly during the night. In fact the change was very striking, so much so, that from the most painful, sleepless nights, he passed to complete quietude during that period, interrupted by occasional paroxysms of pain, which were readily relieved by an opiate. With this apparatus I could abduct the head of the thigh bone to the extent desired, and, by thus securing the ulcerating articular surfaces from pressure upon each other, and keeping the thigh bone from motion, while with the leg held in a state of flexion, the patient could exercise on crutches without the least detriment to the diseased limb.

The general health improved very rapidly, and the appetite became good, while the little fellow began to pass his time quite happily. About this period, however, his father removed him from town. I learned subsequently that he continued to improve after leaving me, and though I am unable to state whether he ever recovered entirely, I think no case occurring in my practice ever gave me more satisfaction at the time.

Since that, I have treated several other cases with similar results, and though some circumstance in each case has prevented me from witnessing the course throughout, there was none in which the patient did not begin to improve upon the application of the abduction splint. With one on the third day, he was able to press the foot of the diseased side upon the ground in walking, a movement which he had been unable to make for months previously. This case was Jotham Lyons, of Fulton Co., Ill., aged 14 years, who had been attacked about seven months when he was admitted into my institution. I shall not give a history of his case in detail. Suffice it to say, that, though the symptoms progressed slowly, the diseased had gradually advanced from the commencement, until after the application of the splint, since which he has been steadily improving up to the present period, June 16th.—*Transactions of the Illinois Medical Society.*

RENAL ABSCESS.

DR. R. P. THOMAS related to the Philadelphia College of Physicians the following case of "abscess of the kidney connected with caries of the last dorsal and two upper lumbar vertebræ," and deposited in the Museum the pathological specimens which he exhibited.

The morbid specimen here exhibited, was obtained from a man aged 33 years, who was accustomed to laborious occupation. The statement made by himself was, that about two months ago, while making a heavy lift, he experienced a sensation of "something giving way" in his left side. Immediately thereafter, his health, which had previously been slightly impaired, rapidly declined without any obvious cause. His flesh and strength wasted; there was a constant dull aching pain in the left lumbar region, with occasional stitches of a more acute character; and a tumor was gradually developed near the spine. On the 11th of August, I visited him with his attending physicians, Drs. S. P. Brown and James V. Emlen, at which time the emaciation was extreme. The tumor was slightly elevated, about four inches in its longest diameter,

and occupied the space on the left side of the spine between the last rib and the crest of the ilium. Fluctuation was evident, yet the sensation communicated to the finger induced me to believe that the collection of matter was under the erectores spinæ muscles, and, of course, impinging on the abdominal cavity. The spine in the lumbar region presented a well-marked curvature towards the right. The patient had hectic fever, and a slight cough; but no purulent expectoration, nor any appearances, as Dr. Brown thought, of pus in the urine. Having learned thus much of the case, I positively refused the man's earnest solicitation to open the abscess; but, upon consultation with my colleagues, it was determined to gratify his wishes so far as to make an exploratory puncture. A very narrow bistoury was passed obliquely under the skin, and cautiously through the erectores spinæ nearly to the depth of an inch without touching the abscess. Believing the collection of matter to be associated with diseased vertebræ, I made no further attempts to evacuate it. A few days subsequent to my visit, the patient began to expectorate pus, and in two weeks he died of an exhausting diarrhœa.

Post-mortem 24 hours after death. Body much emaciated; abdomen slightly tympanitic; omentum injected, covered with a plastic exudation, and feebly adherent to the intestines. The heart, right lung, right kidney, stomach, and in fact all the abdominal organs, excepting the left kidney, were in a healthy state. After having removed the viscera, an enormous fluctuating tumor was brought into view, which extended from the diaphragm above to the groin below, and from the vertebræ in the middle line to the crest of the ilium outwardly, on the left side. It was the pressure of this extensive tumor which caused, mechanically, the right lateral curvature of the spine in the lumbar region.

From a careful examination, it appeared that the posterior surface both of the spleen and left kidney, as well as the lower part of the diaphragm, were adherent to the tumor, forming a portion of the upper and anterior wall. The body was then turned upon its side, the abscess opened, and fully three pints of thick yellow pus were collected in a basin. The abscess penetrated through the diaphragm up into the base of the left lung, thus accounting for the purulent expectoration.

The fellows will see, from the specimens here presented, that the left kidney is six inches long, and proportionately enlarged in other directions; soft, and filled with innumerable small cavities containing pus. Posteriorly there is a communication with the main body of the abscess. The cortical portion of the kidney is entirely changed in structure, and a small part only of the tubular presents a normal character.

The last dorsal and two upper lumbar vertebræ exhibit no abnormal changes interiorly, in front, or upon the right side. But on the left, the fibro-ligamentous matter and the periosteum have been absorbed, the surface of the bones is denuded and roughened, and their superficial cells are filled with pus,

On the whole, I am induced to believe that the kidney was primarily in fault, that the vertebræ were secondarily involved, and that the right lateral curvature of the spine was entirely mechanical, arising from the pressure of such an enormous abscess on the left.—*Transactions of the College of Physicians of Philadelphia.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JANUARY 31, 1855.

To the Readers of the Journal.—With this number, my editorial connection with the Journal ceases. In taking leave of its readers and correspondents, I have to thank them for their kind indulgence and favors during my editorship. It has been my constant endeavor to have them furnished with such interesting and practical matter as came within the scope of legitimate medicine; and if I have failed in that attempt, it must be attributed to other causes than the promptings of my heart. The duties incumbent upon an editor of a weekly Medical Journal, involve much time; and it must be obvious that if the editor is engaged in active practice, the labor is a severe tax upon him. The time for which my services were engaged, having expired, it affords me much pleasure, in taking leave of the readers of the Journal, to say that it was never in a more prosperous condition than at the present time, and I bespeak for it the continued favors and patronage which it has for such a length of time enjoyed.

GEO. STEVENS JONES, 81 Charles St.

Modern Dental Surgery.—Within the last half century, great improvements have been made in the department of mechanical dentistry. Instead of the huge misshapen blocks (made from bones), that persons formerly wore as a substitute for their lost natural teeth, they now have them beautifully made from mineral substance, and as closely imitating the natural organs, as almost to defy the most scrutinizing inspection to detect the difference. The modern method of securing them so that they may retain their position firmly in the mouth, without the aid of pivots or cumbersome springs, is certainly a very great improvement, and may justly be considered one of the triumphs of science in its application to mechanical dentistry. It is not every one who undertakes to practise the dental art, who is capable of performing good work for his patients. It may be that dentists do not always get remunerated for their expense and trouble, as there are many persons who have a peculiar penchant for cheapening everything, even their doctor's services. But we are happy to know, that there are practical and skilful dentists in this city, who will not have the reputation of doing cheap, poor work for any one. Boston is as celebrated for her skilful dental surgeons, as she is for her men of learning and her patrons of the arts and sciences. It is with feelings of pride that we can boast of the skill and accomplishments of such dentists as Drs. Tucker, Wilson, Harwood, Keep, &c. Until recently, the setting of a single tooth on a gold plate, was done by securing it to the adjoining ones by clasps. This method was found objectionable, inasmuch as the teeth to which they were attached would loosen, or the food and foul secretions of the mouth would collect around them, causing offensive breath, and even decay in those teeth. We have lately had an opportunity of examining a new process for securing a single tooth in the mouth, without the objectionable features of the old methods. In some respects the principle is similar to that by which whole upper sets are secured by the pressure of the atmosphere. It certainly is a most ingenious contrivance, and the skill which was displayed in the conception, and per-

fecting of the plan, reflects credit upon its projector, Dr. E. T. Wilson, No. 4 Hamilton Place. Dr. Wilson has been associated in business with Dr. Joshua Tucker for nearly two years, and from our personal knowledge of his skill and accomplishments, we can coincide in the sentiment expressed by Dr. Tucker in a circular letter to his friends and patients, previous to his leaving for Europe, that we "are happy to bear the fullest testimony to his urbanity, judgment, skill, and honesty."

Hospitals for Consumptives.—It has been a wonder to us, that measures have not been taken, ere this time, by physicians of this city, for the establishment of a hospital for the treatment of consumptives. It is well known that there are several such institutions in Europe; and from the reports we have received of their workings, we are decidedly of the opinion that if similar ones could be established with us, beneficial results would follow. We understand that the importance of such an institution, was made the subject of a lecture by Dr. Alexander Jones, of New York, in that city last week. Dr. Jones stated, "that from a careful examination of statistical records of mortality, taking that city and the New England States, of the deaths from all causes, and of all ages and sexes, about one fifth occur from consumption, and kindred diseases of the lungs and throat." The following statement, made by Dr. J., shows the proportion of deaths from consumption, to the mortality from all other diseases, at the places named.

Portsmouth, N. H., in 10 years, or from 1810 to 1820, 1 in 5.02; do. in 13 years from 1820 to 1833, 1 in 3.48. Providence, R. I., in 5 years from 1841 to 1846, 1 in 4.22. New York, in 35 years, from 1811 to 1845, first 10 years, 1 in 4.27, second ten do., 1 in 5.34. In the third ten do., 1 in 5.14, and in 5 years, 1 in 5.79. Do. city and county of New York, for two years, 1847 and 1848, 1 death in 4. Philadelphia in 35 years, from 1811 to 1845; first ten years, 1 in 6.49; second ten do., 1 in 6.86; third ten do., 1 in 7.02; and in 5 years, 1 in 6.88. Charleston, S. C., in 9 years, from 1822 to 1831, 1 in 6.60; do. from 1831 to 1840, 1 in 6.44. Baltimore, in 20 years, from 1821 to 1841, 1 in from 6.44 to 1 in 5.15.

Death of Dr. Z. B. Adams, of this City.—It is with painful emotions, that we are called upon to chronicle the death of Dr. Zabdiel Boylston Adams, of this city. The event occurred on Thursday afternoon, last, after an illness of two weeks from typhoid fever. Dr. Adams was a gentleman universally beloved, and his death will be deeply regretted among his large circle of friends and acquaintances.

Reference has been made, on several occasions of late, to the death of prominent medical men. Society mourns their loss. After years of devotion to professional pursuits, the confidence of the public is secured, and it is felt to be a loss to the community when an experienced, prompt and sympathizing medical practitioner dies. Such men are not the growth of a day. Years of preparation are required, in order to lay the foundation for future usefulness. Familiarity with disease arms the practitioner with new power, and this augments with the increase of age. In cities, where there is a greater concentration of medical talent than in small towns, the loss of an eminent physician is sooner forgotten, but at first not the less deplored. Dr. Adams was not an aged man, although classed in the catalogue of those who have been longest in the field. He was in the midst

of his usefulness, with the prospect of pursuing for some years longer an active business with his accustomed regularity. But a few weeks since, he rose in his place, as a member of the school committee of this city, and spoke most feelingly and appropriately on the death of Dr. Samuel Parkman, a member of the same board. Thus in the meridian of life, as well as in more mature age, the spoiler enters our dwelling, and the grave gains a victim when we least expect it.

At the meeting of the Suffolk District Medical Society on Saturday evening, appropriate resolutions respecting Dr. Adams's death were offered by Dr Morrill, and unanimously passed.

Medical Society of Montevideo.—Four numbers of a respectable medical periodical, abounding in well-prepared memoranda of transactions of the Medical Society of Montevideo, came to the address of this Journal last week. It appears that the Society publishes its doings very much as similar associations give their papers to the world. Only twenty-eight members of De La Sociedad de Medicina Montevideana are found in the printed list, and hence the number of medical gentlemen in Montevideo is inferred to be either quite limited, or the Society exercises extreme caution in the admission of associates. The annals appear monthly.

Shocking Accident to a Physician.—The Philadelphia papers chronicle the death from accident of Dr. David Myerle, of Chester County, but formerly of that city. It appears that on Saturday morning he started in a sulkey to visit a patient, three miles distant. About one mile from home he was thrown from his seat, and his foot becoming entangled in the spring, with his knee over the axle, he was dragged over the frozen ground some 200 yards, until the horse was arrested by a farmer who ran to his aid. But it was too late. He never spoke, but lingered until one o'clock on Monday morning, when he breathed his last.

He was married to a young lady, in East Boston, only last July.

Barre Institution for Idiots.—The successor of Dr. Wilbur, in Barre, Mass., in the charge of a private institution for idiotic, imbecile, backward, and eccentric children, is Geo. Brown, M.D. A pamphlet published the present month, expressly for popular reading, conveys a correct idea of the schooling which children of this description receive, while under his paternal care. From the letters of the pupils, the regular reports, and from other sources, it is quite certain that Dr. Brown is achieving very important results in the treatment of these unfortunate little ones.

Asiatic Cholera in Brooklyn, N. Y.—Weary as every body may be of statistical details of the cholera, or accounts of different modes of treatment, we are bound to notice whatever emanates from respectable sources on the subject. An article, originally in the New York Journal of Medicine, by J. C. Hutchinson, M.D., late physician of the Brooklyn Cholera Hospital, has assumed the form of a respectable pamphlet. Its contents having already been before the medical public, it is only necessary to say that the author writes like a man of science, and one familiar with the disease in question.

Medical Publications.—A compact sheet catalogue of desirable medical works published by Messrs. Blanchard and Lea, Philadelphia, now circu-

lating by mail, exhibits the activity of that house in the diffusion of medical literature in this country. There are other firms also contributing largely to the stock, so that it may be assumed, without fear of contradiction, that the tendency, in the United States, is towards the purchase of professional books, and the formation of extensive private and public medical libraries, that may yet equal in value the great collections abroad. The low price at which highly-finished volumes are sold, very naturally leads to a desire for obtaining all the good books an individual's means will permit him to purchase.

Petrified Human Bodies.—An Ohio paper gives an account of several bodies having been found in a state of petrification in an old grave yard near Germantown in that State. One of the bodies was that of Mrs. Loy, which had been buried twenty-four years. The shroud and all the covering on the body had disappeared, but the body was perfect except the right leg, from the knee to the ankle-joint, where the flesh appeared to have wasted away, and lay at the bottom of the coffin in a substance resembling ashes mixed with sand. The body was stone of a drab color, with the smile on her face which she wore when she died. A grandchild was also exhumed, which was likewise found to be stone, but not so perfect. The hair on the head was natural as life.

Proprietor's Notice.—The arrangement made a year ago with the junior editor of this Journal ceasing on the completion of the present volume, as mentioned on another page, and the public duties of the senior editor still claiming his chief attention, the proprietor has secured the services of Drs. Wm. W. Morland and Francis Minot, of this city, as acting editors for the coming year. In filling the vacancy occasioned by the retirement of Dr. Jones, whose services during the past year have been faithfully bestowed and will be gratefully remembered, the sanction and approval of the profession generally in Boston was sought, and it is believed have been secured in the selection named; and it is also believed that the readers of the Journal throughout the country will, as opportunity for judging is afforded, coincide with their brethren of this city in the wisdom of the choice. Dr. Morland is well known as the efficient Secretary of the Boston Society for Medical Improvement, whose records have for some years formed an interesting part of the Philadelphia Journal of Medical Sciences, and Dr. Minot has appeared before the profession in the pages of the same Journal, and once at least within a few years as a contributor to this Journal. Both are educated men and practising physicians, have added to their other advantages those of foreign travel, and are well read in the literature of their profession, both American and foreign.

The plans and arrangements for the next volumes will be stated by the editors in the ensuing number.

It has been thought advisable to change the day of publication of the Journal; and subscribers are hereby informed that it will in future be dated and issued on THURSDAY, instead of Wednesday as heretofore.

It may also be mentioned that it has become necessary to revise and shorten our exchange list, more particularly with regard to newspapers. Publishers, therefore, who do not hereafter receive the Journal as usual, may consider that the exchange is respectfully declined on our part.

Deaths in Boston for the week ending Saturday noon, Jan. 27th, 78. Males, 44—females, 34.

Bronchitis, 1—inflammation of the brain, 4—disease of the brain, 1—congestion of the brain, 1—consumption, 15—convulsions, 4—croup, 1—cancer in the breast, 2—diarrhoea, 2—dropsy, 1—dropsy in the head, 4—infantile diseases, 3—puerperal, 2—erysipelas, 1—fever, 1—scarlet fever, 2—hooping cough, 1—disease of the heart, 1—homicide, 1—intemperance, 1—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 1—old age, 3—pleurisy, 1—suicide, 1—disease of the spine, 2—smallpox, 6—teething, 4—tumor, 2—varioid, 1—suffocation (in bed), 1—worms, 1—unknown, 1.

Under 5 years, 32—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 7—above 60 years, 8. Born in the United States, 52—British Provinces, 3—Ireland, 18—England, 3—Scotland, 1—Germany, 1.



Cutaneous Diseases.—Traumaticine, or the solution of gutta percha in chloroform, so warmly recommended by the late Professor Graves, has been much used in Germany, and has met with general favor. Dr. Eulenberg, of Berlin, announces (*Algemeine med. cent. zeitung.*) that he has succeeded in curing cases of inveterate psoriasis and chronic eczema by the persevering application of traumaticine, which is strong testimony in its favor, when we consider the obstinate nature of these two forms of skin disease.—*Virginia Medical and Surgical Journal.*

Infants' Hospital.—Four years since, Madame Otto Goldschmidt—then Jenny Lind—gave her gratuitous services at two musical entertainments in Norwich, the proceeds of which were to be applied to charitable purposes. The fame of the celebrated vocalist attracted immense audiences, and a clear surplus of 1200*l.* remained after payment of all expenses. The late Bishop of Norwich, Dr. Stanley, strongly advocated a plan for establishing baths and wash-houses with the money; but, after considerable discussion, a hint, thrown out first, we believe, in *Household Words*, that the diseases and necessities of "little children" were wholly uncared for throughout the country, has been acted upon, and a building engaged, which from the first of January next will be devoted exclusively to the alleviation of infantine sufferings.—*Virginia Medical and Surgical Journal.*

New Instruments.—Some cases of retention of urine from obstinate stricture, requiring puncture through the rectum, have ended fatally, lately, in hospitals. The instrument unfortunately slipped out, but was obliged to be replaced. It has been suggested to try an instrument which would not slip out, and one of this description is now used at Guy's, a modification of Mr. Wakley's, which expands by a spring when once in the bladder.—Mr. Partridge, lately operating for fistula, used a very ingenious probe-pointed bistoury, with "movable sheath," made of silver, which slides off to any extent when the instrument is introduced, thus offering a cutting edge of greater or less extent, according to circumstances.—*London Lancet.*

Local Anæsthesia.—Some experiments with chloroform as a local anæsthetic, have been tried in the hospitals, but whether the cases operated on were not the best for the purpose, as in some instances with Dr. Arnott's ice or snow, and the congealing apparatus, or that the chloroform only acts, like ordinary ether, as a refrigerant, the effects were not as marked as those represented by Dr. Hardy to have followed the use of chloroform in Dublin.—*London Lancet.*

Orthoepey.—In England it has been common to pronounce certain technical words of Greek origin, with a hard *c*, like *k*, as in hydrocephalus, ascites, &c. In this country a difference of opinion and practice has prevailed, with an increasing tendency, from year to year, to adopt the *c* soft, and this has become more common since the publication of Webster's Dictionary. Recently, at the close of a trial in one of the English courts, a discussion arose among the magnates of the wig and gown, respecting the word pharmaceutical, which resulted in the adoption of the *c* soft. This, we presume, settles the question for both countries.—*Memphis Med. Recorder.*

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